Lumleian Lectures
ON
THE CONVULSIVE DISEASES OF WOMEN.

Delivered at the Royal College of Physicians,

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LECTURE III.—PART II.

The Treatment.—Upon the treatment of convulsive diseases I have nothing new to offer in the way of remedies, or even of methods of applying them. The utmost I pretend to do is, to strengthen the rational basis, the principles, upon which the treatment should be conducted; and to show why certain agents, still of conventional reputation, should be rejected. The treatment of all convulsive diseases rests upon the same physiological and pathological foundation; and it is therefore most convenient not to pursue the details of treatment as applicable to each disease, but to sketch broadly the principles that apply to all, stopping, as we proceed, to point out such modifications as particular diseases require.

The principles of treatment flow logically from the view we have taken of the etiology and nature of the diseases we have to deal with. Four cardinal principles may be laid down for our guidance:—

1. To moderate central nervous irritability.
2. To cut off emotional irritants or excitants.
3. To cut off peripheral irritants or excitants.
4. To eliminate all complicating morbid conditions.

To carry out all, or as many of these indications as we can, should be our aim in the management of all convulsive diseases. But the varying circumstances of different diseases and of different cases will prompt us to vary the order in which these indications shall be taken. For example, in all the convulsions of pregnancy the question surges up, Shall we try to subdue the central nervous irritability by putting an end to the pregnancy which produced it? The affirmative presents itself with cogent force. Yet it is not always possible or wise to resort to this measure, at least in the first instance. The indication is most clear when eclampsia breaks out after the sixth month of gestation. Here we have not only intense exaltation of nervous irritability, but an active blood-poison constantly keeping up this irritability, and which we know from experience will rarely disappear until the pregnancy which produced it is brought to an end. Often, indeed, the disease itself will determine the labour. In this case we have but to follow the lead, and accelerate it judiciously. The urgency is pressing; every fit is a source of fresh danger to the brain. Prompt action, by averting one fit, may save life. Still we may err by precipitation. If we hurry on the labour too quickly, if, in short, we carry out what the French call the *accouchement forcé*, we may do irreparable mischief. The violence of the necessary manœuvres will be a source of so much irritation as to add to the severity of the fits, and to add the depressing influence of shock. There cannot, I am convinced by observation even more than by theory, be a more fatal error than to follow the precept still inculcated and practised by many, to deliver as quickly as possible. The simplest measure which involves the least possible irritation is the best. That is, to puncture the membranes and leave the rest to Nature, at least until we see she fails to carry on the process. And since even the gentlest examination is often enough to provoke a fit, I would advise the previous induction of anæsthesia by chloroform. Under the cover of this state, the catheter should first be passed to secure an empty bladder, and to procure a good specimen of urine for testing. Then, at the same sitting, the membranes should be punctured by a quill, stilet, or other suitable instrument. The diminution of the volume of the uterus by the draining off of the liquor amnii, lessening the pressure upon the vessels and the vascular tension, gives sensible relief. But another good effect generally follows: one it is true not without occasional drawbacks, but still a risk that must be encountered. The good effect is this; the moment labour is started a call is made upon the nervous centres for nerve-force to be expended upon the uterus. This is its physiological destination; and if it can be kept steadily directed to this, its proper work, we may hope to obviate its diversion to convulsion or other morbid action. It is, indeed, a matter of observation that uterine action will often excite a convulsion. But, upon the whole, I am disposed to think that it acts beneficially; and we shall be the less afraid of calling it into operation if we reflect—first, that labour must take place, and that it cannot be effected without this uterine action; and, secondly, that we can greatly diminish the excess of irritability by the use of chloroform.

The expediency of inducing labour when there is albuminuria without convulsion is more doubtful. As we have seen, it is not certain that convulsions will break out. I have at this moment under my care at St. Thomas's a woman pregnant for the first time, six months gone, who is known to have had albuminuria for at least three months. She is under close observation; but I have not thought it desirable to act without more decided indications. If headache, vertigo, dimness of sight or amaurosis, singing in the ears, oblivion, delirium, or any sudden anasarca in the shape of swelling of the fingers or face supervenes, labour will be immediately induced. Undoubtedly some risk is being run. Convulsions might set in without warning, and then aid might come too late. But the risk I have observed is certainly less when the albuminuria and attendant blood-poisoning assume the chronic character; so that when we know that this is the case there is justification for delay.

The induction of labour is the means of carrying off, or of discharging, the excess of nervous tension. But something more is commonly required. We cannot complete labour all at once. Sometimes we must wait, and, not seldom, when the nerve-force has once got into a wrong channel we shall fail to turn it all to the proper direction. Measures for moderating the excess of central irritability are almost always useful. The most available of these is the induction of anæsthesia by chloroform. It should be carried to the surgical degree—that is, to the extent of rendering the spinal cord irresponsive to irritation of the sphincters. The beneficial effect of this is sometimes very striking. The convulsive fit is rendered less violent; it is shortened. When anæsthesia is induced in anticipation of a fit, this may be almost entirely averted, and is sure to be moderated. The evidence in favour of chloroform has been greatly accumulating since Simpson's time. Chloroform blots out memory, one source of emotion; it cuts off perception, another source of emotion; it lessens reflex irritability. When chloroform or equivalent anæsthetics cannot be given, we must act on the same indications. We must procure absolute rest; exclude noise, light; avoid all suggestion of disagreeable ideas; avoid all irritation of the skin. All this is especially necessary at the acme of spinal and cerebral irritability when a fit is on or impending. But an essential condition for obtaining from chloroform the full benefit it is capable of giving, is to keep close watch over the patient, so as to be ready to administer it on the slightest warning of a fit.

How it is that chloroform acts in averting or shortening a fit may perhaps be explained by the following observation of Achille Foville. The cessation of an attack is the consequence of the asphyxia which itself produced. The quicker the asphyxia, the more quickly is its action felt upon the cord, rendering it incapable of reacting. Thus the danger is averted by its very excess. Chloroform, by inducing asphyxia, acts in a similar way.

But whatever the explanation, the use of chloroform now rests upon a solid foundation of clinical facts. We should, however, be glad to have at our command some anæsthetic that would act with even greater rapidity. When a fit overtakes a patient, the action of chloroform is too slow; the respiration being to some extent suspended, we cannot get the vapour inhaled quickly enough. It is therefore my intention on the next occasion to administer the nitrite of amyl.

In fulfilment of the same indication we may derive great assistance from opium, belladonna, and bromide of potassium. A doubt has been entertained whether opium does not act injuriously by increasing brain-congestion. But I have seen excellent effect in allaying nervous irritability

follow the subcutaneous injection of morphia; and the advantage of a remedy which can be so used in cases where deglutition cannot be turned to account is manifest. The value of belladonna in allaying spasmodic or convulsive action is often striking. I have seen nothing so effective in the whooping-cough of children. Its power over other forms of convulsion is incontestable. It may be given in quarter-grain or half-grain doses in the form of very minute pills every two hours until its toxical action is declared. It may be injected subcutaneously in the form of atropine, alone or in combination with morphia. One-thirtieth of a grain is enough for one injection.

When the patient can swallow, in the intervals of the fits, the bromide of potassium or of ammonium may be given in scruple or half-drachm doses every three or four hours. But in the first instance it is more useful to give a scruple or half-drachm dose of chloral. This, like chloroform, removes all emotional sources of irritation, and lessens the sensitiveness of the nervous centres to peripheral irritation. The sleep it procures is eminently beneficial. I entirely concur in the praises which many practitioners have bestowed upon this most precious remedy in eclampsia.

We cannot yet discuss the treatment of eclampsia without referring to the practice of bleeding. To advocate anæsthesia is practically to condemn venesection. Not that there is any necessary antagonism, but that, as a matter of fact or of fashion, chloroform is superseding venesection. The modern contention has been between these two remedies. Statistics have been marshaled on either side, and, as usual, great has been the waste of words and of figures in the conflict. The laws of numbers are infallible, but not so the perceptions and the reports of observers; nor are individual cases of disease constant uniform quantities like abstract figures. I think the true clinical physician will prefer to base his judgment as to the value of different methods of treatment upon careful observation of the action of remedies and close critical comparison of cases. I am one of those who think there is more of fashion than of wisdom in the almost absolute oblivion of the lancet. But in this particular case I do not regret the disuse into which it is falling. It is very easy to tell of cases in which bleeding has been followed by recovery, and of other cases in which other treatment has been followed by death. I believe I have seen distinct relief ensue upon moderate abstraction of blood from the arm or by the application of leeches to the temples. And where there is distinct evidence of plethora with marked engorgement of the vessels of the face, it is judicious, I think, to apply eight or twelve leeches to the temples, but not to the exclusion of anæsthesia. In delicate women with a feeble circulation bleeding in any form should be rigorously condemned. And we must not forget that the process of labour is usually attended by a loss of blood quite as great as is good for the patient.

In climacteric epilepsy the abstraction of a moderate quantity of blood by leeches to the temples, or by cupping at the back of the neck, just before the expected return of the attack, is often eminently useful.

The second indication, to cut off emotional excitants, is one that is generally studied. It need not detain us: it is so obviously important, and the means of accomplishing it are so entirely dictated by the surroundings of the patient.

The third indication, that to cut off physical peripheral excitants, demands more attention. It is less understood in some of its details, and is too often practically contravened. It is desirable, then, to clear the ground of some of the relics of an irrational empiricism. The first impulse of many when they see a person in a fit, no matter of what kind, is to dash cold water in the face. There may be no great objection to this in hysteria; in syncope it is undoubtedly beneficial; but in eclampsia it is decidedly injurious. I have seen it provoke a fit. Another not uncommon error in eclampsia is to apply blisters to the nucha, or mustard poultices to the calves. These applications do exactly what ought not to be done. The irritation they produce when the whole surface is in a state of hyperæsthesia, is doubly prejudicial. The immediate effect is often to excite a fit; and the continuous irritation set up in the skin can only keep up irritation of the nervous centres. There is no fact in medicine of which a stronger conviction has been forced upon me by observation than this, that all peripheral irritation is injurious in eclampsia. It is a sin against physiology. Hence the rule, when the situation dictates manipulation of any kind, to lull the system in the artificial sleep of anæsthesia before passing the catheter, before making a uterine examination, or proceeding to induce labour.

These principles of action apply with almost equal cogency to the treatment of epilepsy in the pregnant state; they apply with quite equal cogency to the treatment of obstinate vomiting in pregnancy. With regard to this latter affection, one or two special remarks may be permitted. When vomiting, in severe and uncontrollable degree, sets in about the third month, the question as to inducing labour presents itself with peculiar anxiety. On the one hand, if it be resorted to at once, there may be room for the misgiving that a grave step has been taken unnecessarily. On the other hand, the fatal progress is apt to steal on insidiously but rapidly, so that the time for hopeful action may quickly pass away. If the pulse have risen to 120 or 130, if it be small, indicating prostration; if there be marked Hippocratic countenance, considerable emaciation, continuous difficulty in keeping down food, sleeplessness, and especially any degree of delirium, it is highly probable that the induction of abortion will be too late. It may even provoke distress which will accelerate the fatal issue. The same observations apply to obstinate vomiting in the latter months. The indication to interpose early is all the stronger if there be albuminuria; for the concomitant blood-disease will almost infallibly keep up the irritability of the nervous centres and the vomiting. But in several fatal cases which I have seen there was no albumen in the urine, so that, whatever poison there were in the blood, the condition was probably different from that which we call uræmia. Comparing these cases with the phenomena of acute atrophy of the liver, and with other cases of rapid sinking in pregnancy, I cannot help suspecting that there is developed some graver systemic or organic disorder than has been yet recognised. Death does not appear to me to be accounted for by the exhaustion from shock, for in some cases the fits were not very frequent or protracted. In some cases I have no doubt the delirium witnessed towards the close, the irritative fever, are the result mainly of starvation. The evil consequences of starvation are negative and positive. There is first of course defect of nutrition, so that the sufferer sinks from inanition; but there is also a peculiar empoisonment of the blood, resulting from the absorption into the circulation of waste material, and probably of some peculiar poison developed during the process of starvation. Blood so poor in every virtue that is wanted, so charged with noxious elements, may, it can well be imagined, not only fail to nourish the system, but may depress the whole organism, and set up diseased action incompatible with life.

It is wiser then to err on the side of safety to the mother, and rather to induce labour too soon than to temporise until it is too late. Unless we can, within a short time, get wholesome nutriment into the system, the system will feed upon itself; and the nervous centres, partaking of the general exhaustion, may soon be paralysed.

To counteract this progressive starvation is one of the greatest practical difficulties. Enemata of beef-tea containing brandy or port wine, and sometimes half a drachm of chloral, are often of the greatest benefit. I am sure I have seen life saved by them, the patients being, by their aid, tided over a critical stage of exhaustion. But in cases of extreme anxiety there is another remedy which has not yet been sufficiently, if at all, tried, and which is full of promise. I mean the transfusion of blood. One successful case has been recorded of transfusion in exhaustion from puerperal convulsions.

In the case of exhaustion from obstinate vomiting, if used betimes, the prospect is better still, unless, indeed, the patient be struck with that deadly disease at the probable existence of which I have hinted.

In the chronic state of the menstrual or climacteric epilepsy—that is, when the fit has passed away, and when the indication is to break the morbid chain by preventing future fits, bromide of potassium, belladonna, and various metallic preparations, and a carefully ordered hygiene, are our chief allies.

I have not yet fairly tried Voisin's plan of giving the bromide. But it appears to me eminently deserving of being rigorously tested. It consists, as described in his

admirable article on Epilepsy in the Nouveau Dictionnaire de Médecine, in giving from two to twelve grammes daily a few minutes before meals, and in persisting unintermittingly for a year or more, testing the action of the bromide by applying a spoon to the epiglottis. When reflex nausea is no longer excited by this test, we know that the drug is acting on the rachidian bulb diminishing its excito-motor force. As Voisin truly says, "in a chronic disease we must have a chronic medication. Bromide of potassium must be an aliment." Diuretics must be given with it; and occasionally iron to obviate anæmia.

About two years ago I saw, with Brown-Séquard, a young American lady, decidedly epileptic, the exciting cause being probably ovarian trouble. She had been taking for a year or more two-drachm doses of bromide; and there seemed no doubt that it acted efficaciously in averting the fits.

Trousseau's plan of giving belladonna continuously for one, two, or more years, is another way of carrying out the same indication. This, he says, is more especially useful in the epileptic vertigo. I am inclined to suspect that the disappointment at times experienced with these remedies is in some measure due to the want of perseverance in keeping up the full doses over a long space of time, and in many cases—my remark applies especially to women—to the neglect to treat the frequently attending ovario-uterine complications.

The value of the metals in the treatment of convulsive diseases has always been recognised. It would be impertinence on my part to dwell upon the subject. I would simply ask leave to mention that many years ago I proposed, and extensively tried, the combination of zinc with phosphoric acid. The diphosphate is soluble, and may be given as a syrup. It is somewhat apt to nauseate, and it might be preferable to give the insoluble phosphate in powder. I am not perhaps justified in saying that this combination is better than other metallic preparations; but I have certainly derived excellent effects from its use.

In cases where periodicity is marked, the indication is obvious to be on the watch, and so to prepare the system as to avert or to lessen the severity of the attack. In many cases there is no warning symptom to attract attention. It is, therefore, the more important to observe closely the conduct of the patient when the calculated time for an attack is coming round. There is often observed some increase of mental irritability, headache, languor, a sense of uneasiness, perhaps a sense of dread of something impending. Sometimes, as I mentioned in the preceding lecture, there is marked increase of phosphates and uric acid in the urine; and on several occasions I have noticed nearly total suppression of urine for the day or two preceding an attack. The state of the urine should be observed; and, in any case, the secretions should be carefully regulated by alkaline salines, aloetic and mercurial pills, or Püllna or Friedrichshall waters. To meet the fit itself, chloroform should be kept at hand, and a bit of india-rubber to slip between the teeth. The attack, it is well known, frequently comes on in the night. This seems to be the time when the excito-motory system is most active. Evidence of this may be seen in the common occurrence of erection in children connected with the loading of the bowels and bladder. It is probable that a similar loading of the pelvic viscera may sometimes be the immediate exciting cause of a fit in women, especially when such an accidental condition coincides with the periodical nervous erethism. Since the attack is so likely to occur in the night, it follows that the patient should never sleep alone, and that the person sleeping with her should be instructed and prepared to administer the treatment necessary for the emergency. It would also be wise to increase the doses of belladonna or bromide of potassium about this time; and if there is any threatening symptom at once to give a scruple or half a drachm of chloral. By acting in this way I have every reason to believe that fits have been warded off.

The indication to cut off all complicating morbid conditions is one that rarely admits of being fulfilled in the urgent cases of eclampsia and of the vomiting of pregnancy. Purgatives, and those not the gentlest, are commonly given in eclampsia, the motive being to remove any possible irritating matters from the intestinal canal. It is a routine practice, which is occasionally useful, as in those cases where a fit has come on soon after a heavy meal. An emetic would act better still. But in the majority of cases I do not think I have seen any good from the practice. Some violence is often done in forcing open the jaws to place calomel or croton oil on the tongue, and this is bad. It is very easy to do too much. The terrible anxiety of the friends around urges the physician to "do something." If he be not self-collected and wary, he falls into that worst fault in Medicine, as it is in diplomacy, of exhibiting too much zeal. But anxious friends, the unskilled bystanders, can rarely appreciate "masterly inaction." Let the physician then show activity in removing all useless persons, who are likely to be the most mischievous critics, from the room; in removing all other sources of irritation; and in the administration of chloroform or other sedatives.

The elimination of all complicating morbid conditions is especially necessary in the prevention and treatment of the convulsive and other nervous diseases of non-pregnant women. In a large proportion of cases, indeed, this constitutes the greater part of the treatment. This applies particularly to neuralgia, to hysteria, and, in a lesser degree, to the epilepsy of the climacteric period.

I suppose the old doctrine of antagonism between certain morbid conditions is now exploded. Whatever ground there may be for the belief that certain poisons are mutually antidotal or neutralising, few will now maintain that the poison of variola is incompatible with that of scarlatina; that ague excludes phthisis, or that phthisis is favourably modified by pregnancy. It may be accepted as a general law that any two diseases existing at the same time in the body aggravate each other, and increase the danger of the patient; and also, that imperfect structure, or other abnormal condition, and disordered function of one organ, is the source of disturbance in the functions of other organs. Hence the great rule in Therapeutics, to give what relief we can by eliminating as far as possible morbid complications. Every such complication removed is a gain not only *pro tanto*, but also by the consequent alleviation of those remaining morbid conditions which we cannot at once cure.

The evidence in support of this precept rises to demonstration in many cases of hysteria and epilepsy associated with dysmenorrhœa. And the particular form of dysmenorrhœa which is most commonly the attendant and forerunner of nervous disorder is that which depends upon obstruction or partial retention of the menstrual fluid. It would be too wide a digression from our theme to enter with any detail upon the pathology and treatment of dysmenorrhœa. But I may state that the following sequence of facts is established by an overwhelming mass of clinical observations.

1. Beginning with the menstrual function, there is the pain which is one of the features of dysmenorrhœa.

2. There is gradual wear and tear of the nervous system, attended by degradation of the blood.

3. Increased susceptibility to physical and mental impressions, marked in many cases by the outbreak of hysteria, or neuralgia, and in a more limited proportion of cases by epilepsy.

4. Where marriage ensues, it is generally unfruitful; proving again, by another test, that there exists an impediment to the due performance of the ovario-uterine functions.

5. Where the obstruction is removed, as in most cases it can be, we find the preceding conditions gradually disappear. When menstruation is performed easily, the nervous complications, which are really epiphenomena, subside.

If, on the other hand, the dysmenorrhœa be cured early—that is, before hysteria, neuralgia, or epilepsy have shown themselves,—these disorders will, in high probability, not appear at all. The presumption is great that they will be prevented; and that any *inherited* predisposition to them will remain dormant. The treatment then, both prophylactic and curative, must be directed against the dysmenorrhœa.

In single women dysmenorrhœa is the most frequent attendant or exciting cause of hysteria or epilepsy. In a certain proportion of cases, however, no abnormality of structure or function of the ovaries or uterus is apparent. The exciting cause may spring up elsewhere; but in all there is a special proclivity developed by the normal ovario-uterine stimulus.

In married women, and in those who have borne children, not only may dysmenorrhœa arise, but metritis, congestion, displacement, and other affections are more frequent. The

hardly ever fail to induce that general debility and nervous prostration which predispose to nervous disorders. It is generally a hopeless task to cure these nervous disorders, unless we begin by relieving the local disorders upon which they so greatly depend.

Before closing, I must beg leave to retrace my steps rapidly, and to sum up in a few propositions the principal points of my theme.

1. Pregnancy and labour require for their due fulfilment an extraordinary supply of nerve-force.

2. This extraordinary supply of nerve-force implies a corresponding organic development of the spinal cord.

3. The provision of an extraordinary supply of nerve-force implies a greatly augmented irritability of the nervous centres, rendering them more susceptible to emotional and peripheral impressions.

4. The disturbances in nutrition occasioned by pregnancy almost always entail some alteration of the blood, which increases the irritability of the nervous centres, and favours the evocation of any latent convulsive or other nervous diathesis, as chorea, epilepsy, or vomiting.

5. When the blood-change wrought by pregnancy is marked by albuminuria, a poisonous action of peculiar intensity is exerted upon the nervous centres tending to produce eclampsia.

6. Obstinate vomiting in pregnancy probably sometimes proves fatal by the development of an unknown organic or systemic morbid process.

7. Menstruation resembles pregnancy in giving rise to an exalted central nervous erethism, and ovulation is a primary exciting cause of epileptic, vomitive, and hysterical convulsion.

8. At the climacteric age, again, there is renewed susceptibility to convulsive disease.

9. Pregnancy, by evoking or producing convulsive diseases, under certain known and passing conditions, puts to the test the various theories of the pathogeny of these diseases.

10. The rational treatment of convulsive diseases in women must take into account the two great factors in the production of these diseases—namely, exalted nervous irritability under the stimulus of the reproductive function, and lowered or empoisoned conditions of the blood.

If it be objected that the views I have ventured to lay before you seem to be false in colour and form, wanting in breadth and perspective, I might reply that to deny this absolutely would be to arrogate to oneself freedom from human infirmity. The mind, like a mirror, can only reflect the impressions it receives. Our care must be to keep the mirror bright and even, so that it may reflect truly. This I have endeavoured to do. With what success must be determined by comparing my reflections with those coming from mirrors that are brighter. One thing only do I ask. It is that these mirrors may be so set as to take in the objects which have been reflected from mine.

SUGGESTIONS FOR A MORE SCIENTIFIC METHOD OF TREATING REDUCIBLE HERNIA.

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(*Continued from p. 469.*)

THOUGH I showed that the common truss was that which met the greatest number of cases, I also stated that it was by no means the best for each variety of hernia. It is not, for example, for an oblique inguinal which has not passed through the external abdominal ring. It is not for many cases of scrotal hernia, nor for any of femoral. The pyriform shape of its pad, with the large end bent downwards in pistol-handle fashion, is often both irksome and hurtful, impeding the bending of the thigh (which action tends to displace it), as well as making pressure upon the spermatic cord, and thus endangering the testicle.

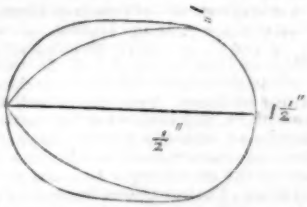
The question, then, to be discussed is, What are the forms of pad proper for these? Previous to which we should agree on the forms to be recognised as standards. Now the form of the pad embraces the consideration of its outline, its suface, and its depth or thickness; and we have, besides the pyriform pad already described, the round, the oval, the ovoid, and the triangular, each or any of which may have its surface uniformly or unequally convex, or concave, or flat, while its depth may be made to vary, either as regards the whole pad or different parts of the same.

I would suggest that there should be a certain recognised standard of curve and depth, which might bear a definite relation to the size of the pad, and any departure from which would necessitate special instructions. As regards size, I would suggest that pads be numbered after the manner of bougies: the smallest might be called No. 1, and be just one inch in its long diameter; and the largest No. 4, which should also be the measure of its length, or four inches, and each size ought to exceed the one below it by half an inch. It would further assist if we were to agree on the relative dimensions of standard pads. In a standard oval convex pad, the greatest breadth, we will say, might be two-thirds of the length; and the greatest thickness one-half the breadth; a No. 3 oval therefore would be two inches broad by one thick. In an oval concave pad of this size, it would be understood that the concavity was to correspond in depth with the convexity of the convex pad—viz., one inch. In this way the number of the pad would indicate its length, and this would determine its other dimensions.

Though an oval pad of the proportions just given is in a great measure free from the objections pointed out in the common truss pad, it is not altogether so, because the fold of the groin, with which its lower border ought to be parallel, is nearly straight, whereas the lower border of an oval pad is convex. If, therefore, it only touches this fold at its most convex part, it will be placed too high to give a general support to the whole inguinal canal, while if brought sufficiently low to afford this support, a portion of its margin will be below the fold, and the bending of the thigh on the trunk, as in stooping or sitting, will tend to displace it upwards. For the above reasons, the sides of an oval pad ought to be somewhat compressed at the point of their greatest convexity, and, thus modified, an oval pad might be assumed to be the standard oval.

In the case of ovoid pads, the same rule as to the length determining their other dimensions is equally applicable, and what I have just recommended in regard to the straightening of the sides of the oval pad should also be adopted in these, and for the same reason; it must also be understood that the term ovoid has reference not only to the outline of the pad, but to its posterior surface. An ovoid pad, therefore, will differ from an oval one, not only in having one of its ends broader than the other, but also deeper, so that there will be a broad and deep and a narrow and thin end; in fact, it will approximate in form to the pad of the common truss.

The subjoined diagram exhibits the length, breadth, depth, form of outline, and curve of surface of a 1½ in. standard oval and ovoid convex pad. The straight line re-



presents the flat outer surface of a vertical section through the long axis of the pads, the curved lines their inner convex surface, the intervening space their depth or thickness, which, in 1½ in. pads, is half an inch.

In the case of circular pads, their diameter being equal, the above rule would not apply, and the degree of convexity or concavity would have to be given. As their use, too, is almost exclusively limited to the umbilical form of rupture, but little thickness is necessary, and that of half the diameter of the pad would be in most cases, especially in the adult, a great deal too much. In these umbilical pads, therefore, I am not at present prepared to suggest any

alteration; and, unless there were special features in the case to be treated, it would suffice to furnish the instrument-maker with the diameter required, and leave the rest to him. So likewise with flat pads, this form of surface being exceptional, and limited to the pads of Professor Wood, a Wood's pad, of a given length or size, with the kind of hernia for which it is required, would be sufficiently understood by the instrument-maker. His horseshoe pad, though an oval, does not correspond either in breadth or thickness with the elongated oval above described, being broader in proportion to its length, and also less thick.

The triangular, or the *bec de corbin*, or the rat-tailed, or the scrotal pad, as it is variously called, being exclusively used in bad scrotal ruptures, where great accuracy of adjustment is necessary, is nearly always required to be specially made for the case; and various modifications as to the thickness, curve, and consistency are often necessary.

The difficulty of commanding some of these ruptures has been long known to all practical surgeons and instrument-makers; and when one compares the small size and surface of the common pad with the large size and weight of the protrusion, the lax condition of the hernial opening, and its immediate proximity to the pubis, this is not to be wondered at. It is for the retention of such ruptures that the triangular pad, with its prolongation downwards into the thigh-strap, and hence termed rat-tailed, is most commonly employed. These pads, as used by the City of London Truss Society, are generally very large, thick, and firm at their upper part; one of them now before me measures no less than 2¼ in. in depth, and has a supplementary mammillary projection intended to correspond with the external abdominal ring. The prolonged portion of the pad is soft and well padded, to enable its pressure to be borne on the pubis; for it has been found by experience that, unless the pad fairly rests on this bone, many of these herniæ cannot be retained. By this arrangement the hard part only of the pad presses on the yielding wall of the abdomen, the soft part on the unyielding bone, while their continuity of surface offers an additional security against the escape of the rupture.

(To be continued.)

ON SOME POINTS IN THE SURGICAL AND MEDICAL TREATMENT OF CHRONIC ULCERS OF THE LEG.

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IN a "Manual of the Pathology and Treatment of Ulcers and Cutaneous Diseases of the Lower Limbs," published by me in 1868, I ventured to lay down some principles in the treatment of ulcers which are not quite in accordance with what we read in most surgical text-books, and with the general practice of the profession. There were two points on which I put some stress: (1) the importance of dressing the ulcers with some soothing application; and (2) the non-necessity for absolute "rest" of the limb when we have to treat an ulcer which is not inflamed.

I. On the first of these topics it must be confessed how empirical most of our applications really are. We want to soothe and to heal, and we know that certain substances will do so from obvious chemical and astringent qualities; but these may fail from unknown causes, and then we cast about for something "specific" to do battle with what we suppose to be "specific" in the ulcer or wound. In other words, a chronic ulcer is sometimes very easy and sometimes very difficult to get well. We may find it very easy to cure when, after a period of improper management or neglect, a new principle of treatment is put into practice, and the right thing is done before it is quite too late. Or we may meet with unexpected difficulties, and the result of our efforts may leave it doubtful whether nature or art has had more to do with the cure, if a cure can be got at all. It is very rare indeed that we cannot in some way help the natural processes; but then our help should be based, when possible, on simple and intelligible principles. Let us first use the means which are suggested by plain pathological common sense, and it is only when these do not succeed that we are justified in guessing, or trying at random the first remedies which come to hand.

Suppose, now, that we are asked to treat a simple "varicose ulcer" on the leg, what are the therapeutic indications?

We will put out of sight for the moment all speculations about the exact and immediate cause of what we denominate "varicose ulcer," and think only of what the nature and appearances of the sore would lead us to do. In the first place, then, the ulcer may look so clean and healthily granulating as to be for all purposes simply an incised wound; and unless we are so stupid or so perverse as to put active obstacles in the way, it will heal kindly and readily under almost any treatment or no treatment at all. We should cover it with something, however, if only to shield it from the air, and from the hurts and pollutions of this "working-day world." It is wise also to withdraw the wound from the observation and troublesome attentions of the patient, and to dress it in such a way that no renewal of the dressing shall be needed except once in the twenty-four hours. And so what we need is an ointment which shall soothe the ulcer, and help forward the plain and natural process of healing.

More than forty years ago my father devised an ointment containing a very large quantity of prepared chalk, in order to form an artificial crust over an ulcer. Let us ask ourselves what occurs when nature alone accomplishes the cure, and which may be sometimes observed in the case of injured animals. Sir James Paget tells the story in his usual lucid way:—"Sometimes.....the blood shed from a wound coagulates and dries on it, and, remaining as a scab, permits healing under it; or, if this do not happen, a similarly effective scab may be formed by the serous fluid or lymph by which the surface of an exposed wound usually becomes glazed; or, more rarely, the pus of a granulating wound may scab over, and sound healing take place beneath it." We see, then, that there are three agents which may be concerned in forming a protective scab over a recent wound—blood, lymph, pus. A scab constructed of either of these materials shields the part from outward injury; and, thus covered and guarded, a new skin is formed, and the crust drops off. When the cure is left to nature, it is only a superficial ulcer which readily scabs; for if the ulcer be deep the quantity of matter is too great to be speedily evaporated into a crust. Therefore our object should be to assist the natural process by the addition of some harmless substance which will thicken the discharge and produce an incrustation; and this is very efficiently done by covering the ulcer or wound with the ointment described above. The chalk must be in a much greater proportion than that which enters into any ointment in the Pharmacopœia, consisting of about three pounds of chalk to two pounds of lard. And the best way of preparing this application is, not by rubbing the chalk down with the lard, but, having previously reduced the chalk to a very fine powder, melt the lard in any convenient vessel over a slow fire, and then add gradually the chalk to the liquefied lard. Stir and thoroughly mix the two until nearly cold, and the ointment is then ready for use.

Now it will be found that several capital advantages accrue from the use of this ointment:—1. It generally produces much ease and comfort. 2. When the lard becomes melted by the heat of the part, the chalk is disengaged, and a portion of it combines with the secretion from the ulcer. This secretion is often so acrid as to excoriate the neighbouring skin; but, when united with the chalk, it is converted into a neutral innocuous compound. 3. A crust is formed out of this compound; first on the surrounding skin, then on the margins, and finally on the surface of the ulcer.* 4. Little disturbance of the applications is necessary. At first the quantity of the discharge may require the frequent renewal of the dressings; but this will be less and less needed as time goes on, and our object should be to maintain the mechanical integrity of the chalky incrustation.

* Everard Home had a glimmer of this principle when he recommended powdered rhubarb as an application to ulcers. "The rhubarb," he says, "is apt to form a crust upon the edges of the ulcer, which should be occasionally removed, to prevent the matter from being confined under it. This should be done with care, to avoid hurting the new skin, which begins from the edges, and to the *formation of which this crust seems to be favourable*."—(See Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge, vol. i.)

The ointment should be spread smoothly and pretty thickly on the soft side of good French lint, and the ulcer and a fair circumference of the adjacent skin should be covered with it. This preliminary operation completed, a bandage should be put round the limb with surgical neatness and care. I almost always use bandages made of "domette flannel"; this material is thin and yielding, and yet almost any degree of compression can be exercised with it. In œdematous swellings generally the flannel is soft to the skin, and accommodates itself to the greater or less distension of the limb. The calorific properties of flannel, too, are useful, as in all structures in which the capillary circulation is obstructed the vital heat is reduced. The bandage should be at least six yards long if required for an ordinary male adult; the breadth should be under two inches. Every portion of the limb, from the toes to the knees, should be equally and evenly compressed. Indeed, it may be said that good bandaging is of such absolute importance in the treatment of varicose ulcers of the leg that without it everything else will be comparatively ineffectual. This being so, the rapidity and completeness of the cure will depend very much on the manner in which it is employed. Without practice it is not easy to place a bandage properly on the leg; and probably this difficulty is the chief reason why preference is often given to adhesive plaster, as this sticks and remains wherever it is put. The blistering and excoriation often produced by strapping, and the time consumed in the application of it, are sufficient reasons for acquiring skill in the art of bandaging—an art whose comforts and advantages are appreciated by a patient commensurately with the dexterity with which it is practised by the surgeon.

In late years I have sometimes employed bandages made of a very thin and somewhat elastic calico.* They are suitable to persons who have an irritable skin, and they are generally useful in summer-time.

Now I recommend the chalk ointment above described not because it has any empirical virtues, real or supposed. No one pretends that any therapeutic miracle or mystery is worked by it. The plea advanced on its behalf is simply this: that it admirably helps the natural healing process; and it helps nature by imitating her. Accidental circumstances may in any case prevent nature from being so easily imitated and so smoothly put right; but the experiment is always worth a fair trial. When unforeseen difficulties present themselves, the first impulse is to "try" all sorts of unusual remedies, in the hope that by pure chance the right remedy may be found out. A philosopher's healing stone will perhaps be discovered in this way some day; but at present it is more safe to be guided by principles of common reason, and we shall thereby sometimes reap a success when we least expect it. The literature of this subject is very desponding, but we shall clear the road a little if we point out some rules and landmarks which will now and then save us from going quite wrong.

Next, let our inquiry be, What ought to be done when we have to treat an ulcer which not only does not heal, but which obstinately wears a foul and unpromising aspect? In the first place, then, the use of a nitrate-of-silver lotion (one scruple to one ounce of distilled water) stimulates a healing surface, and often prevents it from degenerating into superficial gangrene. Every time the leg is dressed, the ulcer and the circumjacent skin should be painted over with this lotion; it acts as a true sedative, even though for a little while it may cause a trivial smarting. Suppose, again, that the sore is always covered with a thin greenish slough, what are our resources for this state of things? Steep a pledget of "chloralum wool" in equal parts of water and the solution of chlorinated soda (liquor sodæ chloratæ, Ph. B.); fill up the cavity of the ulcer with the saturated wool lightly teazed out, and cover it with a chalk-ointment dressing. No disinfectant is more potent than chlorine, and in this little-used preparation of our national Pharmacopœia we have a means of applying it locally and effectively. It is, in my judgment, very much superior to carbolic acid in its cleansing power; and the latter has such a disgusting smell as almost to need some disguise to make it tolerable. Even the weakest solutions of carbolic acid are apt to irritate and even inflame a delicate skin, and this fault can never be alleged against chlorine. I can speak in the highest terms of "tarred oakum" as an application to superficial sloughing sores in the coarse, thick integument of wayfaring people, and I have used it much in dispensary practice. The stuff called "tenax" is good for more delicate folk, but it is hardly enough impregnated with the tarry principle.

"Senile gangrene of the integument" is the name given to a subtle but formidable disease, considered by some surgeons to be a variety of senile scrofula. A dirty, buff-coloured slough creeps along, until large tracts of skin may become involved; and very severe pain is a frequent concomitant. The necessity of arresting (if it be possible) this slow molecular death ought to be perfectly clear; otherwise it may lead to remote but fatal septicæmia. Now what are we to do? Are we to cover each patch (say on the foot and leg) with a linseed poultice, with the idea of getting rid of the dead skin and finding a clean granulating surface underneath? I have seen this plan tried, and with the natural result of increasing the sloughing area. Heat and moisture are precisely the agencies which hasten decomposition, and encourage any approach to it; and the sloughs, instead of being loosened and shed, are much more likely to extend. Moreover, I have found that the pain is even increased by the persistent application of poultices of any kind. Out of a number of cases of "senile gangrene" which have come under my care during the last few years, I relate one which illustrates pretty clearly what seems best to be done.

At the end of last November I was asked to visit a lady, sixty-seven years old, who had a black gangrenous patch, four inches long by an average of an inch and a half broad, on the lower and back part of the left leg. The general health was bad (there was an attack of nearly fatal syncope on the second day of my attendance), the local pain was great, and the disease was slowly extending. There had been no medical treatment, and only some simple cerate had been applied to the sloughy surface. The whole of this was brushed with a solution of nitrate of silver (strength specified above); it was then dressed with lint on which was spread chalk ointment mixed with an equal part of ointment of benzoated zinc; and finally I put on a domette bandage (with moderate pressure) from the toes up to the knee. In about ten days (the dressing having been renewed daily) a profuse "laudable" secretion loosened the slough at its edges; within ten days more it came entirely off, leaving a healthy granulating surface, which healed pleasantly and gradually before the end of January. The general health was sustained with tonic medicines and an abundant supply of protein food.

Poultices may be fine and useful things, but only an utterly wrong estimate of their capacities would lead the surgeon to apply one to a sore which is unhealthy or mortifying from intrinsic sources of decay.

II. The second topic of my paper relates to the non-necessity (and even uselessness) of absolute rest of the ulcered limb, provided that the mechanical element of the treatment be sound and sure. In this matter the principles of surgery seem to have retrograded, if we compare a recent summary of the "Treatment of Ulcers" in some London hospitals with what we may read in the "Practical Observations on the Cure of Wounds and Ulcers on the Legs, without Rest," written and published by Mr. Thomas Whately, in 1816. Mr. Whately tries to obey Pott's immortal maxim, that "it is the business of good surgery to assist nature"; and in the third chapter of his excellent book, after a minute relation of the way in which an ulcerated leg should be dressed and bandaged, he says that, "from the first application of the bandage, we may freely allow the patient to follow the most laborious employment, and to walk or stand the whole day. I can with great truth say that I have scarcely ever found any impediment to the healing of these wounds by such a constant motion, provided that they were dressed and bandaged in the manner just described."

The great dogma of rest has been enforced with much eloquence; but I venture to assert that the therapeutic pendulum has swung too far that way, and we are in positive danger now of a caricature of the whole thing. Firm and equal compression with a bandage answers every object to be gained by the recumbent posture; and the help which this may be theoretically supposed to afford by no means counterbalances the acknowledged evils dependent upon the loss of constitutional exercise. Continuous rest, on account of a small local lesion, implies (assuming the body to

* The domette and thin calico bandages are prepared for me by Mr. Hancock, Westgate-street, Bath.

be otherwise healthy) a large capital of bone and muscle lying fallow, and even deteriorating from want of employment. Further, it is with many persons a matter of serious inconvenience and cost to abandon all active pursuits for weeks or months together; nor is the subject of less moment in the economy of hospitals, in which we often find beds occupied by cases of ulcer of the leg to the exclusion of other more urgent and certainly more interesting forms of disease.

An immense array of facts in my experience have practically settled this question, and authorised me to state that the treatment of *ordinary* cases of ulcer of the leg does not require any rest of the limb at all. Any casual attack of inflammation must, of course, be met with suitable measures, and these will include rest and an elevated position; otherwise the moderate use of a limb, when properly bandaged, is not only no bar to the cure of a varicose or any other variety of ulcer, but is an actual help to it. To lay up a part of the body in idleness admits of the healing of an ulcer by a degree of vital action, which is unable to maintain the permanence of that healing when the part is restored to its natural use. It is only fair to add that Dr. Underwood and Mr. Chapman fully recognised the value of exercise as a curative stimulus; and more modern writers (as Mr. Hunt and Mr. Houghton) have endorsed the same view.

It is a point of good practice to bandage a leg enlarged and varicose, although no ulcer may have yet appeared. We note the signals of coming danger, and, if our science be so often at fault in the attempt to remove an evil, we ought to discover in this the stronger inducement to ward off its approach.

The *medical* management of the various forms of ulcer ought not to be disparaged. The clue of syphilis should be sedulously followed up to its source, and treated with precision accordingly. To Mr. Maunder we are indebted for a useful diagnostic observation.* He says that all those sores which are situated *above* the middle of the leg are syphilitic in their origin, and are mostly multiple also; while the varicose ulcers are found *below* the middle of the leg, and are usually solitary. Gout and lead-poisoning may aggravate and exasperate the most innocent ulcers; and chronic alcoholism is the most potent influence of all in causing universal degradation of tissue. So far as medical treatment is concerned, a large number of non-inflamed chronic ulcers are curable, or made much better, by a course of citrate of iron and iodide of potassium, with now and then an aloetic purgative.

This is not the place to discuss the large question of skin-grafting as a surgical remedy for ulcers. I tried it in a few cases during my long tenure of office at the Eastern Dispensary here, with doubtful results; but in private practice I have never had occasion to resort to it, so great has been my success with the plan of treatment described in this paper.

ON A CASE OF

ENTERIC FEVER FOLLOWED BY APHASIA.

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As the condition of aphasia has recently attracted so much attention, I am desirous of recording the following case on account of its singularity, and also because I think its publication may serve to show the prognosis of aphasia occurring, unconnected with paralysis, during acute disease.

W. A——, aged ten, a rather delicate and sensitive boy, was attacked with enteric fever. The course of the disease was regular, and not more than ordinarily severe; and, with the exception of some slight irregularities of temperature, and the existence of a greater quantity of albumen in the urine than is often seen and that for a longer period, no symptoms of special interest occurred until the twenty-second day of the fever, by which time my patient seemed to be making satisfactory progress towards recovery. On that day I visited him in the forenoon, and on approaching him I was alarmed to find that his surface was cold and dusky, and that he gave every appearance of rapid sinking from failure of the circulation. Brandy was given, and hot applications to the surface and frictions used. Reaction was established in the course of an hour, but of a character feeble in its violence, the temperature rising to 106°, and the pulse from 100 to 170; the surface being bathed in sweat, and extreme exhaustion being evident. Forty-eight hours afterwards, although my patient had certainly gained power in the interval, the same condition again threatened, but the change was quickly detected by the nurse, and the circulation was re-established without so much difficulty as before. After this the progress of the case, though slow, was satisfactory, except in one respect—viz., that the faculty of speech was in abeyance.

That this failure of the circulation was the result of a profound impression on the nervous system, paralysing the heart, I believed from the facts that the heart's impulse had been natural and its systole clear, and that the pulse had never exceeded 120 or varied from its regularity during the progress of the fever. Here was no evidence of that degeneration of the muscular fibre of the heart's left ventricle which is sometimes found after protracted cases of enteric fever. My belief was strengthened into conclusion when I found, as additional evidence of the implication of the nervous centres, that complete aphasia supervened directly after the first occurrence of these symptoms of collapse. Previously the boy had been able to speak as well as his physical conditions would permit; he had always given me my name when I asked him for it, could say whether or no he was better, and would sometimes ask for what he wanted. But now, though the tongue was freely movable, and mental power increasing as convalescence advanced, language was entirely lost, and the patient showed a symptom which is unusual in aphasiacs (especially, it may be inferred, when they are not paralytic), for he would weep on finding that he was unable to say even such simple words as "yes" or "no." Yet, as far as his strength would permit, he would express words in writing at my desire; and his gestures, such as nodding to express assent, and shaking the head to imply the contrary, were always as correct as I have hitherto found the gestures of aphasiacs to be.

W. A—— remained completely aphasic for a week. One day, in testing his power of speech, I found that he could say "'es' for "yes" and "'o" for "no." This, it struck me, was odd, as I have always noticed that any words which an aphasiac can pronounce he can pronounce as well as anybody. I find, however, the mention of a similar case at Dijon, where "words as they returned were enunciated with remarkable slowness." On the following day language was being rapidly restored and pronounced with less hesitation, and, as a sign of the increasing power of his brain, I noticed that the child did not weep, but smiled, at finding himself at a loss for a word. By this time albumen had disappeared from the urine.

Three days subsequently he could say or read anything; and the only peculiarity remaining was his tendency to repeat words or phrases several times after he had used them. On questioning him as to the state of his feelings while he was aphasic, I could gather nothing more satisfactory from him than that he could not speak because "he felt a pricking in his throat."

I may mention that, a few days before the appearance of the incipient symptoms of enteric fever, W. A—— had received a blow on the head, which however did not produce any noticeable effects on the brain. I am not inclined to attribute any of his nervous symptoms to this accident, but rather connect them with an impure state of the blood resulting from the abnormal condition, and therefore imperfect function of the kidneys, as evidenced by albuminuria.

I find three recorded cases of aphasia occurring during convalescence from enteric fever. Two were published by Dr. Boucher, of Dijon, ten years ago; and one occurred in the practice of Professor Trousseau. These cases accord remarkably with that which I have described. In each there was albuminous urine; in each serious symptoms referred to the nervous system were noticed before the faculty of speech was lost; in each the occurrence of aphasia was noticed when convalescence seemed to have been established; and in each the convalescence was tedious.

With regard to the pathology of transient aphasia, Trousseau thinks it may be owing to localised congestion

* London Hospital Reports, vol. ii., p. 129.

of the brain; but he does not suggest Broca's convolution as the seat of this congestion, being unconvinced of the localisation of the faculty of speech in the third left frontal convolution. Among English authors I have been unable to find any observations on transient aphasia, or on aphasia unaccompanied by paralysis. Nor in treatises on fever, and on diseases of the nervous system, as far as I have been able to ascertain, is this condition mentioned as one of the results either of enteric fever or any other acute disease. I have therefore thought that, from its rarity, the above case possesses sufficient interest for publication.

Broadstairs.

A Mirror of HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

A CASE OF LITHOTOMY, WITH UNUSUALLY RAPID RECOVERY.

(Under the care of Mr. BARWELL.)

BOYS under nine years of age recover from the operation of lithotomy more rapidly, as a rule, than older persons, and children under five generally get well very quickly; beyond twelve years of age, however, convalescence is longer; but the following case is exceptional.

Hubert F——, aged thirteen years and a half, came under the care of Mr. Barwell, with symptoms of stone in the bladder, on July 19th, 1872. On sounding, a calculus, although a small one, was detected without difficulty; but, owing to circumstances unconnected with the case, the operation was postponed until July 27th. The usual lateral operation was rapidly performed, and, as the stone was known to be of small size, only a small opening was made through the prostate. When the finger was introduced, the stone was felt lying at the back of the bladder, and was readily seized and removed with the forceps. No tube was introduced, but the legs were tied together and the boy put to bed.

July 29th.—No bad symptoms have set in. This morning the boy passed all the urine by the urethra.

31st.—Only a little urine comes by the wound when micturition takes place.

Aug. 3rd.—The wound has quite healed.

5th.—Allowed to get up.

10th.—Discharged well. The wound was healed and the lad was practically well exactly a week after the operation. He was discharged on the day fortnight after, although, owing to certain regulations concerning board days, he remained in the ward until the 13th.

THE HOSPITAL FOR WOMEN, SOHO-SQUARE.

CASES OF OVARIOTOMY.

THIS week we conclude from page 410 the report of all the cases of ovariotomy performed at the above hospital during the year 1872.

CASE 12. *Cystic disease of both ovaries; right tumour removed; death on the fourth day.*—Annie G——, aged forty-four, single, was admitted under Dr. Meadows' care on June 13th. Catamenia regular till the last few months, since which time they have occurred at too long intervals. Much pain for a day or two before and during the first few days of the period; the pain was formerly on the left side, now it is on the right. Never noticed any swelling in the abdomen.

On admission, vaginal examination detected to the left and behind the uterus, as if imbedded in the left broad ligament, a hard swelling about the size of a small hen's egg. This was but very slightly movable, and seemed free from the uterus. On the right and behind was another swelling, much more movable, firm, solid, flattened in shape, which seemed to be a solid tumour of the right ovary as regarded situation and mobility. The patient was examined several times—once under chloroform—but nothing essentially different from the above was made out. A consultation having been held on the case, the opinion was that there was an ovarian tumour on the right side, and probably another on the left side. An operation was not recommended, but was sanctioned if the patient should expressly request it; and as she was suffering so much that she was quite unable to do anything for herself, the operation was at last decided upon, other treatment being ineffectual.

Operation, by Dr. Meadows, on Oct. 12th.—Under chloroform another thorough examination was made, and it was deemed advisable to make an exploratory incision. On the right side a small multilocular cyst, having a tolerably long pedicle, was found. This was drawn out and the pedicle transfixed and ligatured with strong whipcord. On the left side was found a somewhat larger cyst having the same character, but it was so imbedded in the broad ligament and adherent to the rectum and uterus, that it was found impossible to move it, it being with great difficulty brought even into sight; it was therefore thought best to leave it till it should attain such a size as to bring it more within reach. The cyst removed was about the size of a small tomato. It was multilocular, and contained hair and a quantity of cheesy matter.

The patient suffered so much from sickness after the operation that nothing could be retained, and she gradually sank from exhaustion and died on the fourth day after the operation.

On post-mortem examination nothing whatever was discovered to account for the fatal issue. There was not a trace of inflammation anywhere, and death seemed simply the result of exhaustion from vomiting. The left ovary was found so firmly adherent to the pelvic viscera that its removal was impossible.

CASE 13. *Multilocular dermoid cyst; perfect recovery.*—Annie N——, aged twenty-six, single, was admitted under the care of Dr. Meadows on October 7th. First noticed an enlargement of the abdomen on the right side twelve months ago, and since then has suffered from sharp pains on this side. Catamenia irregular lately, accompanied by pain in the back and right side before they commence and during their presence.

On admission, the abdomen was found enlarged to the size of that of the mid-term of utero-gestation by a tense, elastic swelling, yielding doubtful fluctuation, most observable on the right side. Per vaginam, the cervix was found situated slightly to the left side and in front, soft, and normal in size; some resistance but no decided tumour on the right side.

Operation, by Dr. Meadows, on Oct. 19th.—The tumour was multilocular, and about the size of a small cocoa-nut. The contents of one part consisted of semi-solid, yellow, grumous matter, throughout which were scattered numerous hairs. In the wall a hard substance was felt, and, on this being cut into, several teeth were found enclosed in a tough fibrous membrane. From another part of the cyst clear pale fluid was obtained. The pedicle was clamped, and divided by the actual cautery. There were no adhesions. The wound was closed by deep silk sutures, dressed with carbolic oil, and supported by broad strips of plaster; and the abdomen was encased in a broad belt.

On the second day there was a reddish discharge from the vagina. The patient had a sharp attack of cystitis; but, with this exception, recovered without a bad symptom, and was discharged cured on the twenty-fifth day after the operation.

CASE 14. *Multilocular cyst; perfect recovery.*—Harriet B——, aged thirty-nine, married twenty years, never pregnant, was admitted under the care of Mr. Christopher Heath on the 31st of October. Eight months ago she noticed a swelling in the abdomen, low down on the right side, and this gradually increased upwards. Has suffered from paroxysms of pain in the right side since she first noticed the swelling. Catamenia painful; appear generally every three weeks.

On admission, the abdomen was distended by a somewhat globular, dull, fluctuating mass, reaching nearly up to the ribs, while the flanks were resonant. The uterine sound,

after being introduced with difficulty on account of the smallness of the os, passed upwards three inches in the normal direction.

Operation, by Mr. Christopher Heath, on Nov. 16th.—The cyst was clear of adhesions, with the exception of a very slight attachment to the omentum. The pedicle, which sprang from the right side, was divided with the actual cautery. After the clamp was removed two bleeding points were found, which were tied with thread ligature, and a bleeding vessel in the omentum was secured in the same way. The wound was closed by deep silk sutures, dressed merely with dry lint, and supported by broad strapping and an abdominal belt.

The patient did remarkably well for a week. On the sixth day she was moved down into one of the general wards. Through this day she continued to do well; but during the night she complained of pain in the abdomen. Next day she had several rigors, accompanied by a rise of temperature, a dry tongue, and pain in the abdomen. The stitches were removed, an opium poultice applied, a subcutaneous injection of morphia given, and stimulants administered regularly. There being a case of uterine cancer in the ward, she was next day transferred to another ward; and after this there were no more rigors. All these unfavourable symptoms passed off in a few days, and she was discharged cured on the twenty-seventh day after the operation.

CASE 15. *Multilocular cyst; perfect recovery.*—H. N——, aged thirty-eight, married, four children, the last a year and a half ago; catamenia regular. Was admitted under Dr. Meadows' care on November 12th.

Noticed an enlargement in the abdomen on the right side ten months ago, which has gradually increased. Has suffered during this time from paroxysms of pain in the right side of the abdomen, shooting down to the knee. When she first noticed the swelling she often had a difficulty in passing water, and could only do this by sitting on one side, but this trouble has passed off lately. Has a painful dragging now if she lies on the left side.

On admission the abdomen was found distended by a tumour reaching up to the umbilicus, apparently divided into two by a depression down the centre; freely movable. Per vaginam, no tumour was felt; the uterus movable; normal in size and position.

Operation, by Dr. Meadows, on November 23rd.—The tumour consisted almost entirely of one large cyst, there being a depression down the centre corresponding to that observed in the examination. The pedicle was very long and curiously twisted, apparently in consequence of the tumour having been turned round several times, and at one point was dark and almost gangrenous. It was clamped, divided with the actual cautery, and dropped into the abdominal cavity after this had been carefully sponged out. The wound was united with deep silk sutures, dressed with carbolic oil, and supported by broad strips of plaster and an abdominal belt. The patient did remarkably well after the operation, not having a bad symptom, and was discharged cured on the twenty-eighth day after the operation.

BIRMINGHAM GENERAL HOSPITAL.

CASE OF EMPYEMA LIMITED BY ADHESION; IMPERFECT RELIEF BY NATURAL OPENING; PERSISTENT TEMPERATURE; FREE COUNTER-OPENING; RELIEF.

(Under the care of Dr. RUSSELL.)

THIS case presents an interesting example of encysted empyema after a severe attack of acute pleurisy. Although a natural opening had established itself in communication with the base of the cavity, and considerable diminution in the size of the cavity must have taken place, yet the communication was too indirect and too limited in extent to empty the cavity completely. A counter-opening, by admitting air, at once allowed the pus to escape, and, as will be seen in the history, the chest rapidly contracted and the discharge ceased. The entire upper lobe was protected by adhesions, and thus free respiration went on within it: it was curious to note clear respiratory sounds over so large a region of the chest whilst air was audibly admitted within its cavity through the artificial opening at each inspiration. The circumstance which occasioned delay in making the counter-opening afforded opportunity of observing persistent fever temperature, with quickened pulse, kept up for 106 days apparently by the mere presence of pus within the chest, without any morbid action elsewhere; for not only was there absence of any evidence of active disease, but four days after the puncture the temperature fell to normal and the appetite increased greatly.

The patient was a man of perfectly healthy constitution and very temperate habits, aged thirty-five. He was taken with symptoms of acute pleurisy in the left side sixteen weeks before admission. The fever was high and the pain severe, and he kept his bed for seven or eight weeks. On leaving his bed he was very weak, and soon after an abscess began to form beneath the left mamma. It was opened three or four weeks before admission, and a large quantity of pus was evacuated. He had some cough, but no important expectoration.

When admitted, at the end of the sixteenth week, the patient was pale, and had lost flesh considerably, but he took food well, and complained of no ailment excepting a troublesome cough with scanty mucous expectoration. His urine was free from albumen. A small opening existed in the front of the left side of the chest, between the fifth and sixth ribs, just outside the mamma, which directly communicated with the interior of the chest; a variable quantity of pus, often scanty, at times considerable in amount, issued from it.

Examination revealed the physical signs of the presence of fluid over the entire posterior region of the left chest; but the entire anterior region and the anterior half of the lateral region were perfectly resonant on percussion, and loud and pure respiratory sounds were audible throughout. On the right side all the physical sounds were those of health.

The diagnosis was at once made of pus within the chest, limited by firm adhesions to the posterior region, the entire upper lobe at the least being protected by adhesions and freely engaging in respiration.

On consultation with his colleagues, Dr. Russell judged it prudent to defer counter-opening, and three months elapsed before the performance of the operation. During this period the patient's health did not suffer more than it had done before his admission, the condition of the chest being unaltered—discharge still proceeding from the opening, and the circumference of the left chest having undergone little if any diminution.

Mr. Bartleet now introduced the aspirator needle behind, within the line of the angles of the ribs, between the eighth and ninth rib, and drew off twenty-six ounces of healthy pus, eight ounces having been previously removed by a syphon tube introduced through the opening in front. The last draw of the aspirator occasioned considerable pain, and the discharge was freely mingled with blood. The puncture by the needle was then enlarged into a free counter opening, and Mr. Bartleet passed a drainage tube freely perforated at the side from the opening in front through that behind.

During the 106 days which preceded the making of the counter-opening, the temperature, pulse, and respiration had been regularly noted by the clinical assistant, Mr. G. V. Blake. The temperature was persistently above the normal standard. For the first forty-five days the evening temperature was twelve times between 102° and 102·5°, and although subsequently the temperature in the evening ranged between 100° and 101°, it only three times fell within the normal range, and was above 101° within four days of the opening. The morning remissions in the majority of days (sixty-three) were within the standard of health. The pulse retained relation to the temperature, but the breathing, though occasionally quickened, ordinarily ranged from 18 to 22. Four days after the opening was made, the temperature fell permanently and completely to the natural standard, and the appetite, not previously bad, underwent such an increase as to surprise the patient. The chest contracted, the ribs became somewhat flattened at their angles, and a slight double curve appeared in the vertebral column.

The counter-opening was made on September 26th, and the drainage-tube was removed on October 30th. The patient is now quite well, with a fresh complexion. The left side of the chest has lost an inch and a half in girth; the left shoulder is depressed one inch, and there is a slight

double curve in the spinal column. This of course implies that a large amount of healthy lung exists, as is indeed the case. The sounds of respiration are clear, though rather more feeble than natural, over the entire anterior region of the left chest. It is noteworthy that they have somewhat declined in distinctness since the opening, owing probably to the contraction of the chest-wall. Posteriorly the dulness is decidedly lessened and distant; respiratory sound is audible; vocal fremitus has been nearly restored. Physical signs on the right side are still quite normal.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 22ND, 1873.

DR. C. J. B. WILLIAMS, F.R.S., PRESIDENT, IN THE CHAIR.

ON SOME RESULTS OF TREATMENT IN AFFECTIONS OF THE NERVOUS SYSTEM.

BY CHARLES ELAM, M.D.,
ASSISTANT-PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

THIS paper is almost exclusively devoted to therapeutics, and subsidiarily to prognosis. It is divided into two parts: the first relates to the treatment of certain forms of brain disease; and the second to that of epilepsy, considered more as a collection of phenomena than as any distinct pathological entity.

In the first part, three cases are related where striking and unexpected benefit resulted from treatment by the bichloride of mercury.

The first case was that of a boy, aged six, who, on being brought first to the hospital, presented every appearance of being affected with an advanced organic disease of the brain—most probably of tubercular origin,—characterised by imperfect paralysis, squinting, double vision, and stammering, with greatly enfeebled faculties. As it was considered that no treatment could render the case more hopeless than it appeared to be, he had prescribed half-drachm doses of the solution of bichloride of mercury, and was ordered to be kept in the recumbent position. This treatment was continued without change of any kind for two months; at the end of which time recovery was complete. There was no trace of disease, bodily or mental, to be detected.

The second case is one of a female child, aged three, presenting the aspect of perfect idiocy, with general paralysis both of upper and lower extremities, loss of speech and power of attention, with involuntary and constant passage of urine and fæces. For similar reasons this case was treated like the former; and in one month the child was able to run about, to attend when spoken to, and to attempt to imitate articulate sounds when told to do so. A change in medicine was followed by an immediate and serious relapse, and the bichloride had again to be resorted to, when improvement again occurred. The child is still under treatment, but very much improved in every way.

The third case is one of subacute congestion of the brain in an adult, where treatment by the bichloride produced the most favourable results.

The second part of the paper relates to the treatment and prognosis of epilepsy, and the propositions attempted to be illustrated are as follows:—

1. That during the last five or six years our relations as a profession to epilepsy have greatly changed. Formerly this disease was considered one of the most serious and intractable that we had to contend with; whereas now, in its relation to treatment, it will compare favourably with any other forms of chronic disease.

2. That the great majority of cases receive benefit from treatment at the outset; and that a by no means small proportion appear to be cured from the first, never having another attack after the commencement of the treatment.

3. That another large section resist treatment for some time, even months or years, after the first improvement and subsequent relapse, and yet ultimately yield to it and recover; that is, the intervals are so prolonged that it amounts to a virtual cure, years elapsing without any attack.

4. That hereditary and congenital epilepsy, and also that resulting from injury to the head, are in many cases amenable to treatment, often with very great relief and indefinite prolongation of the intervals, and in some cases appearing to be entirely cured. One of these undoubted cases has been seven years without any return of the affection.

5. That the most intractable cases may be classified under three heads:—(*a*) Those that are both congenital and hereditary; especially where there has been not only epilepsy but insanity amongst the ancestors; (*b*) those where there is faulty formation of the head, as want of bilateral symmetry, or, what is worse, marked deficiency in the cerebellar region; (*c*) those cases where the head is well proportioned, but much smaller than the natural standard, as, for instance, the occipito-frontal circumference, ranging from eighteen to nineteen inches in the adult.

These are probably the cases most rebellious of all to treatment.

Cases are related illustrative of these positions.

The treatment chiefly relied upon is founded upon the employment of the bromides of potassium and ammonium alone, or combined with ammonia, chloric ether, the alkaline carbonates or iodides, tonics, arsenic, belladonna, &c. The most important adjunct, however, in the writer's opinion is the chloral hydrate, which, when given in doses of ten to fifteen grains with the bromides, rarely fails to reduce very greatly both the number and violence of the attacks, and sometimes, even in old and hopeless cases, puts an entire stop for some weeks to the fits.

It is remarked, also, that one of the most successful of the hereditary cases was treated entirely by digitalis and iron, no bromide having been given.

ON THE HISTOLOGY OF THE BLOOD OF THE INSANE.

BY HENRY SUTHERLAND, M.D., M.R.C.P.,
LECTURER ON INSANITY AT THE WESTMINSTER HOSPITAL, PHYSICIAN TO THE ST. GEORGE'S, HANOVER-SQUARE, DISPENSARY.

In this paper the results of the microscopical examination of the blood of 143 lunatics were described in detail. All the patients who were made subjects for experiment were in fair bodily health, and their blood was examined at the same interval of time after food in all cases. The inspections under the microscope were also made as nearly as possible at the same period after the blood was drawn, so that all fallacies in observation were reduced to a minimum.

It was remarked that any great augmentation of the number of white corpuscles usually indicated a low degree of vitality in the insane, and that the cerebral disorder had made some considerable progress; also that an absence of rouleaux-forming power in the red corpuscles coincided with a similarly depressed state of health. These two conditions were followed by a speedily fatal termination in a large proportion of the cases in which they were observed. These observations applied chiefly to cases of general paralysis of the insane, in the male. In ten men suffering from this disease, whose blood was found to exhibit one or other or both abnormal conditions, five died within three months from the date their blood was examined. One of these men was in a moribund condition at the time the blood was drawn, but in the other four patients there were no symptoms which indicated such a rapidly fatal termination of their cases beyond the presence of these peculiarities in their blood. These remarks, however, do not apply to the same extent to this disease in women, the prolongation of life in female general paralytics being accounted for by the fact that the disease does not run so rapid a course in females as in males, and that in most asylums the females live longer than the males, because they are more comfortably provided for on the women's than on the men's side of the hospital.

Absence of rouleaux, together with an increase in the colourless corpuscles, appear to be conditions almost peculiar to general paralysis, and were observed in 4 out of 29 (male and female) cases, or in 14 per cent. These two appearances were found to coexist in only 4 other cases out of the 143 examined, or in 3 per cent. of the whole number. Absence of rouleaux alone, and augmentation of white globules alone, were found to exist in other less fatal forms of insanity, but not to the same extent as in general paralysis.

The conclusions drawn from the examination were as follows:—That in the insane generally a leucocythæmic

condition frequently exists. That any great increase in the number of white corpuscles at the expense of the red, and an absence of rouleaux from the blood of the insane, are conditions which generally indicate a very low degree of vitality. That in general paralysis, epileptic insanity, and masturbating insanity, the blood is more deteriorated, and the vitality is more lowered, in the male than in the female. That in mania, melancholia, and dementia, the blood is more deteriorated and the vitality is more lowered in the female than in the male.

PRETERNATURAL CAVITIES IN THE BRAIN OF THE SANE AND THE INSANE.

BY ROBERT BOYD, M.D., F.R.C.P.

(*Communicated by* ROBERT LEE, M.D., F.R.S.)

Cerebral cysts, cavities, and depression, regarded as traces of the process employed by nature in arresting or curing apoplexy from effusion of blood in the brain, are worthy of investigation. In many cases, principally of the insane, these cavities &c. terminated in partial softening of the brain, several in pulmonary, a few in cardiac and other diseases. These cavities are seldom found in early life, although cerebral apoplexy, softening, and tumours of the brain are not uncommon in infants and scrofulous children. As insanity rarely occurs before puberty, the comparison made in this paper between the sane and the insane is confined to 1560 cases of adults, 695 in the St. Marylebone Infirmary, presumed to be sane, and 875, certified as insane, in the Somerset County Asylum. It was found that these cysts and depressions were one-third more frequent in the insane than in the sane; and, as usual in cerebral diseases, much more frequent in males than in females, and in the more advanced period of life, after sixty years, except in epileptics, who seldom arrive at that age.

The most numerous class was that resulting from apoplexy, to be distinguished by the permanent blood-staining from peroxide of iron, as shown in the summary of the 68 cases in the appendix, arranged under the following heads:—

	Age.	Apoplectic cysts. M.	F.	Total.	Serous cysts. M.	F.	Total.	Small cysts. M.	F.	Total.	Cysts in Epileptics. M.	F.	Total.	Encysted cysts. M.	F.	Total.
Infirmary cases	Under 40 years	1	0	1	1	0	1	0	0	0	1	0	1	0	1	1
	From 40 to 60 .	2	1	3	1	0	1	1	2	3	1	1	2	0	0	0
	60 and upwards	6	4	10	1	1	2	1	1	2	0	0	0	0	1	1
	Totals	9	5	14	3	1	4	2	3	5	2	1	3	0	2	2
Asylum cases	Under 40 years	2	0	2	2	0	2	0	0	0	3	1	4	0	0	0
	From 40 to 60 .	4	1	5	2	1	3	1	1	2	2	3	5	0	0	0
	60 and upwards	5	4	9	2	3	5	1	1	2	1	0	1	0	0	0
	Totals	11	5	16	6	4	10	2	2	4	6	4	10	0	0	0

Infirmary	Males	16	Asylum	Males	25
	Females	12		Females	15
	Total	28		Total	40

Dr. THOMAS BALLARD said he had seen much good result from treating cases similar to those described in Dr. Elam's paper on an antiphlogistic plan. He had been successful by bleeding. He thought that mercury, which was recommended in the paper, probably acted in the same way.

Dr. DICKINSON thought Dr. Boyd's communication on the formation of cavities in the brain was of great interest and importance. Cavities soon formed in the non-tenacious substance of the brain. They often resulted from chronic disease; they were met with in certain brain diseases, also in general paralysis of the insane, and in cases of diabetes. They are often small, and only to be recognised by the microscope. The small cavities probably arise from extravasation of blood; but they might also arise from the migration of the corpuscles, and this he had traced. Then softening and breaking down followed. The cavities found are at times the result of post-mortem changes. The brain in the centre might look like Gruyère cheese or lava.

Mr. NUNN said he would like to ask a question about one case that had been mentioned, that of gangrene of the cerebellum. It was difficult to imagine what antecedent changes had taken place. Were the arteries going to the cerebellum examined? He had been struck by the statement that the pus in the cavity was fetid. What gave rise to this condition, as it was shut off from the air?

Dr. BOYD said that it was the result of acute inflammation, softening, and gangrene. There was no disease of vessels.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 7TH, 1873.

DR. S. O. HABERSHON, PRESIDENT, IN THE CHAIR.

MR. GANT related

THREE CASES OF DOUBLE AMPUTATION,

the notes of which had been taken by Dr. MacKellar, house-surgeon, Royal Free Hospital. W. P——, aged fifteen years, was run over by a locomotive on April 20th, 1872, and sustained extensive compound, comminuted fractures of the right arm and left leg. The flap operation was performed on both limbs, and with the exception of severe hæmorrhage, which occurred during the following night, and which was arrested by ligatures, torsion, and pressure, the boy did well, and left the hospital on June 10th. The lad had been supplied with artificial limbs, and walked up to the President's table without the aid of a stick. He is at the present time employed in the office of the railway, and able to do the ordinary work. The second case was that of a boy whose legs had been crushed by the wheels of a passing train on August 9th. Amputation at the middle third of the right thigh and supra-condyloid amputation of the left were performed. In the latter case, the patella was left in the flap. A small portion of the right femur was necrosed and came away. The boy was discharged well after a residence of ten weeks. Mr. Gant showed this little fellow, who looked well and hearty, and shuffled along the floor in a sitting position, in much the same manner as children do before they learn to walk. The third case was that of O. L——, a boy two years old. On the 27th of last February he was run over by a tramway omnibus, and the whole of the right leg was so much crushed that Mr. Gant was obliged to perform supra-condyloid amputation after Gretti's method. The left foot was severely crushed, and it was feared that rupture of the anterior tibial had taken place. An attempt was made to save the limb, but sloughing took place, and a similar operation as in the last case was performed, but the child died. In bringing forward these cases, the author remarked on two practical points of interest—(1) That it was better to amputate an inch or two above the bruised skin, as blood was extravasated higher up in the deeper skin than in the subcutaneous tissues; and (2) in amputation of the arm it was of great importance to leave the deltoid muscle intact, for then the stump could be moved by that muscle as well as by the pectoral and latissimus dorsi. Mr. Gant also thought there was less risk of osteomyelitis when the amputation was performed through the condyles than when the section was made through the shaft of the bone.

Mr. DAVY congratulated Mr. Gant on the success of his work, and took occasion to point out the good done by the Surgical Society in furnishing such useful artificial limbs as those shown.

Mr. HENRY SMITH showed a case of Transplantation of Skin. The patient, a woman about thirty years of age, had

sustained in October last a very severe burn of the arm and forearm. When she came under his charge the arm was useless, the elbow being bent at an acute angle, and kept there by a firm thick cicatrix. This he cut through, and then bodily dissected it back in its whole length. He then took a piece of skin two inches and a half wide and twelve inches long from the patient's side, and, twisting the nutrient pedicle of skin to allow of its being placed on the arm, it was stitched in that position, and the arm bandaged to the side. In three weeks the principal parts had united. The arm now bid fair to be a useful one, as there was no fear of contraction, the patient being able to extend it fully.

Mr. ERASMUS WILSON said he was much pleased at such a result, and thought skin-grafting would have given good results. He would suggest that the granulations seen in these cases should be covered with some non-irritating ointment.

Mr. BRYANT said his practice on removing a piece of skin for grafting was, not to cut through the entire thickness, but just down to the basement membrane. If the epithelium only was taken, the operation failed.

Mr. GANT's plan was to dissect off a piece of skin just deep enough for the cut surface to present an areolar appearance, and, having placed this on the granulating surface, he covered it with lint and kept it for three days undisturbed. On removing the lint an opaque spot would be seen, and careful examination would disclose a number of small vessels supplying it. He remarked on the rapidity with which these spots coalesced when their edges approached each other.

Mr. ROYES BELL was of opinion that some length of time should be allowed to elapse before determining the relative value of skin-grafting and transplantation.

Mr. ADAMS pointed out that different modes of treatment might be adopted in the same case at different parts. He mentioned the treatment he had described to this Society some years ago. It consisted in punching a hole through the cicatrix and then gradually dilating it.

Dr. FAYRER, C.S.I., then read a paper on

EUROPEAN CHILD-LIFE IN BENGAL.

The author pointed out how rapidly the infant European population was increasing in India, and contrasted the mode of life in that country twenty-five years back with what it is now. The death-rate per 1000 among the troops was 17·83, and among the officers 12·49. The question had been often asked, Can the Anglo-Saxon colonise India—i.e., can the race, unsupported and unrecruited from home, continue to reproduce itself and exist there? Could he, in short, do in India what he has done in America and Australia—people the country, and displace or replace the autocthones and his older Aryan brethren who have become acclimatised during an occupation of many centuries? Dr. Fayrer was of opinion that the data for forming a precise reply to this question did not exist, but his own firm conviction was, that it could not be done, and he felt convinced that had India been colonisable by the European the position we now hold there would be different from what it is. The European who becomes an item in the fixed population, and who leads an ordinary temperate and correct life, has expectations of living perhaps little below those he might have had in England. About the year 1815 an asylum was founded in Calcutta for children whose parents were Europeans, and it is from the reports of this Society, numbering about 129 individuals, varying in age from one to eighteen years, that the following information is gathered. It was observed that the stimulating effects of an almost tropical climate asserted their influence, and, as a rule, the girl of sixteen or seventeen years was two or three years in advance of a girl of that age in a European climate. As regards the age at which the catamenia appeared, and which, having appeared, generally were regular and without trouble, the earliest age was twelve years and two months; the latest sixteen years and four months. In connexion, though perhaps remotely with this subject, Dr. Fayrer noted the rare occurrence among the girls (two or three cases only of bucnemia happening in twelve years) of a swelling of the lower extremities evidently nearly allied to the elephantoid growth seen in the limbs of the natives of Bengal. It is manifestly a steady enlargement of one leg, mostly about the ankle and leg, but extending sometimes slightly up the thigh itself. If there be any change in the condition it occurs at the menstrual period, when the limb is sometimes larger than at other times. The swelling is firm, not œdematous, and very like elephantiasis, except that it is not attended with either pain or excitement in the part, but is a very slow, steady growth. One of the finest girls in the school is affected by it; medicine does not seem to affect it, and bandaging only produces temporary improvement. These children appear to have a great immunity from diseases peculiar to the country, as well as others of a severe kind. Then no cases of cholera, diphtheria, scarlatina, croup, pleurisy, pneumonia, ophthalmia, phthisis, dengue, or malarious cachexia have been known among them for many years previous to the author's observation. The death-rate is about double that in England, as the following table will show:—

	England.	India.
Under five years ...	67·58 ...	148·10 per 1000
From five to ten ...	8·80 ...	17·73 ,,
From ten to fifteen ...	4·98 ...	11·51 ,,

The author quotes Miss Nightingale's true saying, "Children are, as is well known, the very touchstone, the live tests of sanitary conditions, and but too often the dying and dead tests of insanitary." The author concluded by saying that it was satisfactory to know that by care and proper training a European child may live, grow, and even thrive in the plains of Bengal.

Professor Erasmus Wilson, Dr. Tilt, and Mr. Jabez Hogg made some remarks, and, thanking Dr. Fayrer for his paper, the meeting adjourned.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 28TH, 1873.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

DR. JOHN W. OGLE related a case of

ACUTE RHEUMATIC FEVER; PERICARDITIS; EXPECTED NECESSITY FOR TAPPING THE PERICARDIUM; RECOVERY.

The patient, aged thirty-four, had had rheumatic fever fourteen days, but had been worse five days before admission into St. George's Hospital. On admission, there was a soft systolic bruit at the base of the heart, whose action was increased. The pulse was 110, and the temperature 103° F. He was treated with salines, and on the next day the respiration was 46 per minute. Leeches were subsequently applied to the cardiac region, but a decided pericardial to-and-fro friction-sound was established. Four days after admission the respiration was very hurried; the cardiac dulness was greatly increased, uninfluenced by change of position; friction-sounds were absent, and the natural heart-sounds very indistinct. Ten days after admission, increased distress, cough, orthopnœa, and physical signs showed that greater effusion in the pericardium had occurred, but the joints had become much less affected. The temperature on this day was only 98°. More leeches were applied and opium given, and subsequently digitalis and squill given in addition to other remedies. No good followed, but effusion with bulging of præcordia became greater, and the respiration rose to 60 per minute. At this time the operation of tapping the pericardium was contemplated, and the area of cardiac dulness reached a measurement of six inches by seven inches. Blistering the pericardial region brought relief, and by degrees the effusion gave way; and eventually the patient, though suffering slight relapse both of the pericardial trouble and the joint affection, quite recovered. The description of the case was accompanied by careful registration of the morning and evening daily temperature, and state of pulse and respiration. Dr. Ogle remarked that, as the rheumatic pain subsided, the temperature of the body diminished in spite of the setting in of the graver pericardial symptoms. This absence of increased temperature in pericarditis had been noticed by Wunderlich, and also by Dr. Russell of Birmingham. Dr. Ogle had found in other cases of pericarditis and inflammation of serous membranes how little the temperature was apt to rise. He also alluded to the good which, in the above case, followed the blistering; and, after showing that diagnosis clearly excluded all other causes of the general and physical signs except effusion in the pericardium, he dwelt on the necessity which a continuance or increase of symptoms would have occasioned for letting out the fluid artificially, ad-

vocating the new mode of withdrawing fluid by means of the aspirator and fine needle trocar. Dr. Ogle sought the opinion of the Society on this matter, quoting cases in which it had been used. After referring to the history of the operation as given by Trousseau, Allbutt, &c., he alluded in detail to the only seven cases in which paracentesis of the pericardium had been performed in Great Britain, quoting the discussion which had taken place on the subject at the Edinburgh Medico-Chirurgical Society *apropos* of a case brought forward by Dr. Maclaren last year. At the previous meeting of the Clinical Society, when this communication was expected to be read, Dr. Ogle exhibited two varieties of pneumatic aspirators or suction apparatus which he thought would succeed better than the ordinary trocar which had been used for paracentesis of the pericardium. Of these, one was a modification of Dieulafoy's, made by Weiss; the other, which Dr. Ogle preferred, as being more simple, manageable, and portable, was made by Hawksley, and consisted of a small brass syringe, which could, by a cock, be adapted to a bottle of any capacity, and an elastic tube to be also attached to the bottle, furnished with a capillary or other trocar. When used, the air was drawn out of the bottle, and the trocar having been introduced into the cavity containing the fluid to be drawn off, the fluid was sucked out into the bottle to replace the vacuum. Dr. Ogle dwelt on the urgency of large pericardial effusions, pointing out that any medical man might at any moment be called upon to provide a remedy; and cited cases of death in which, on post-mortem examination, nothing was found but a distended pericardium, which, to all appearance, might easily have been relieved during life by an operation which had never been thought of, and one which Dr. Ogle, *pace* the surgeons present, considered worthy of more confidence than it had received.

Mr. CHRISTOPHER HEATH read a case of

RECTO-VESICAL FISTULA SUCCESSFULLY TREATED BY COLOTOMY.

The patient, a female, had twelve years before suffered from a pelvic abscess following delivery. Three years later she passed from the bladder some form of membrane, and from that date continued to pass fæces and flatus by the urethra. This gave rise to great pain and inconvenience, which were not relieved by any treatment. It being evident that the sac of the old abscess communicated with both the bladder and rectum, Mr. Heath opened the colon in the left loin, in January, 1872. The patient was immediately relieved from her sufferings and made a perfectly good recovery, continuing in good health, and without any bladder-symptoms, up to the present time.

Reviews and Notices of Books.

Handbook for the Physiological Laboratory. By E. KLEIN, J. BURDON-SANDERSON, MICHAEL FOSTER, and T. LAUDER BRUNTON. Edited by Dr. BURDON-SANDERSON. Two Vols. I. Text, pp. 583. II. Plates, cxliii. London: J. and A. Churchill. 1873.

SCIENTIFIC medicine, or that condition of medical science in which practice shall be deduced with certainty from theory, can only be based upon physiology or an accurate knowledge of the structure and functions of the healthy organs. The two are inseparably united, and although medicine existed long antecedently to physiology, it was not the less based upon it, and the history of its errors and shortcomings shows clearly enough that these were due to the faults and imperfections of the physiological foundation on which it rested; and it may fairly be said that in proportion as the methods of investigation and the accuracy and extent of our physiological knowledge have increased, in that proportion has medicine emerged from its earlier or empirical state and advanced to the condition of a science. Every thoughtful man must agree with the views recently expressed by one of the greatest masters of experimental physiology, Claude Bernard, that physiology cannot and ought not to be regarded in the light either of a mere accessory to the study of medicine or as the complement to anatomy. Its pursuit is a part of that training which is indispensable to the physician and surgeon alike, for it is obvious that the same methods of research and the same modes of reasoning demanded for the investigation of the actions of the body in health are required to prosecute successfully an inquiry into the causes and nature of disease and of the effects of remedies.

It is on these grounds that we have always endeavoured to promote, as far as lies in our power, the formation of physiological laboratories in this country. At Cambridge, at Oxford, though as yet but creeping, the laboratories under the charge of Foster and Rolleston will soon, we trust, attract a large number of students; whilst at each of our great metropolitan hospitals there are signs of the awakening of the authorities to the value and importance of experimental physiology in the appointment of special teachers, the setting apart of rooms in which the necessary experiments can be performed, and in the purchase of apparatus.

The improvement in physiological teaching during the last few years has been something wonderful. The teachers of the last generation, always excepting Dr. Sharpey, to whom this treatise is very properly and becomingly dedicated, thought they had done their duty when they had shown the principal tissues, under one or perhaps two microscopes, to a class of fifty or a hundred men, the circulation in a frog's foot, and the heart of a tortoise, or perhaps of a guinea-pig, in action, and two or three stages of the egg in incubation.

The book before us shows what now is expected of every teacher, and those who are incapable or unwilling to make their classes go through such a course had better retire and make way for younger and abler men. The necessity for some such treatise has long been recognised, and might indeed be justified by the frequent letters we have ourselves received from students and others asking for information on various subjects it contains. We can only express our satisfaction that it has fallen into the hands of men so thoroughly competent to do justice to the several parts, and upon whose knowledge and judgment such implicit reliance may be placed.

The work is divided into four sections, of which the first or histological, including all the details of the management of the microscope, is written by Dr. Klein, the able coadjutor of Dr. Sanderson at the Brown Institute. The second is by Dr. Sanderson, and is devoted to the subjects of circulation, respiration, and animal heat; embracing also the description of many of the mechanical apparatuses required in physiology. The third is by Dr. Foster, who treats of the physiology of nerve and muscle—of those points therefore which especially involve the application of electricity to physiology; whilst Dr. Brunton takes up digestion and secretion, subjects for the elucidation of which physiological chemistry is specially demanded.

Having thus given an outline of the general divisions of the book, we shall proceed to consider each part in detail.

Dr. Klein divides his section into two parts, of which the first deals with the preparation of the simple, and the second with that of the compound, tissues. The former section commences with an account of the microscopic characters of the blood-corpuscles, and with the action of various reagents upon them. Dr. Klein distinguishes three kinds of white corpuscles—the ordinary white, the granular, and a third less definite in form, subdivided into nuclei and larger or smaller masses of protoplasm. A description is given of the moist cell and of Stricker's warm stage, of the mode of feeding the white corpuscles, and of the methods of studying the action of gases and of electricity upon them. The

actions of distilled water, of solution of common salt, of acids, alkalies, tannin, and carbonic-acid gases are successively considered. Next he treats of the various kinds of epithelial cells, as the ciliated, the columnar, intestinal, pavement, &c., giving in each case the method of obtaining them and preparing them for microscopical examination, especially detailing the silver method. Then follows a chapter on the connective tissues, including the mode of examination and histological characters of fibrous, elastic, connective, corneal, adipose, adenoid, cartilaginous, and osseous tissues. The fourth and fifth chapters are occupied with the consideration of the muscular and nervous tissues respectively. As may be supposed, in a department in which Dr. Klein has done much original work, the description of the nerve-endings in muscle and in special organs, as the skin, in the cornea, and elsewhere, is most interestingly and fully given. Dr. Klein's second part embraces the preparation of the compound tissues, and shows how the more delicate tissues and organs, as the eye, the fœtal membranes, the lymphatics, and vascular organs generally, can be preserved in a condition fit for section and microscopic examination—by freezing, by embedding in wax and oil, gum and gelatin, by staining, and by injection. Finally, there is a short chapter on the study of inflamed tissue, which might with advantage have been a little extended. All this, though not absolutely new, yet, like the crystallisation of a saturated solution of a salt, presents to the student in a condensed form a large amount of floating knowledge which he would have to spend an immense amount of time in searching for in special treatises and works on the microscope.

We have next to consider the contribution of the editor, Dr. Burdon-Sanderson. This commences with an account of the coagulation of the blood, and the circumstances modifying it. A full description is given of the colouring matter and of the gases of the blood; the latter section including the account of Geissler's and the Frankland-Sprengler's pump, the construction of which is rendered most intelligible by the beautiful illustrations in the Atlas. The next chapter is devoted to the phenomena of the circulation. The construction of the kymograph and sphygmograph is explained, and the mode of obtaining kymographic tracings detailed. The student is then told what he should see in the minute vessels of the transparent parts of frogs, and in the mesentery and omentum of the guinea-pig. The functions of the vaso-motor apparatus are elucidated by several striking and easily performed experiments. The actions and sounds of the heart are discussed, and the modes of registering the former given. Then follows an excellent section on the action of the nervous system in exciting and inhibiting the cardiac movements. A similarly complete account is given of the respiratory function, in so far as it is related to experimental physiology, and finally a chapter is devoted to animal heat.

Dr. Foster's section, though the shortest of the four, is by no means inferior to the others in interest, since it deals with the functions of nerve and muscle, the experiments illustrating which are, perhaps, the most difficult to describe intelligibly, whilst they involve the greatest nicety of manipulation and require the sharpest observation. Dr. Foster first describes the principal apparatus in use for such researches, as the lever, moist chamber, electrodes, commutator, rheocord, double key, tuning-fork, &c. The general properties of muscle at rest are then given, followed by an account of the phenomena and laws of muscular contraction, including tetanus. Full details are entered into respecting the action of electric currents in producing electrotonus, of the phenomena accompanying a nervous impulse, and of the action of mechanical violence, chemical agents, and heat in exciting the nerves. A chapter is devoted to urari poisoning, and one to reflex action. The remainder of the section is occupied with an account of the functions of certain parts of the encephalon.

Dr. Lauder Brunton's section is devoted to the subjects of digestion and secretion, and is therefore essentially chemical. The introductory chapters contain an account of the albuminous compounds and the chemistry of the tissues. The whole physiology of the saliva—its mode of procurement, its analysis, the effects of temperature and of the addition of acids and alkalies upon its activity, the preparation and properties of ptyalin, with the effect of stimulating the several nerves supplying the different glands—is fully given. A corresponding section follows, devoted to the gastric juice and gastric digestion. The bile, glycogen, the pancreatic secretion, and the intestinal juice are successively considered, and the consideration of milk and of urine finishes the book.

There is a short Appendix, containing a few notes on the manipulation of glass tubing, on filtration, volumetric analysis, and on the polariscope.

It is a great thing to say, that what is given is given well. No doubt many additional experiments suggest themselves to the attentive reader; but, on the whole, few of much importance, except those in connexion with the special senses, have been omitted. Klein might have given a few additional animals besides frogs and mammals from which ciliated cells could be obtained, and the means by which the constant temperature of a hatching chamber is preserved. Sanderson says nothing of Schmidt's recently discovered fibrin ferment, and might have introduced with advantage some experiments showing the influence of digitalis, atropine, &c., upon the action of the heart—experiments which have a therapeutic as well as a physiological value. Foster might have described one or other of the experiments by which the rapidity of the passage of impulses through a nerve is investigated; and might in particular have given Dr. Radcliffe's remarkable experiment in which the opposite poles of a galvanic battery are applied simultaneously to the two sciatic nerves of a prepared frog, and which has so important a bearing on the theory of electrotonus;—and so on. But we must not carp at small failings where the general result is so good, but hasten to mention the companion volume of plates. The number of these is no less than cxxiii., with several figures on almost every plate. These are most beautifully drawn, exceedingly clear and well printed, and have the great additional advantage that they are almost all original. There is a little confusion in the position of the earlier illustrations; fig. 7 appearing with fig. 26 on plate vi., fig. 7 on plate vi., fig. 8 on plate xvii., fig. 9 on plate xxxvii.; but this is a trifling annoyance.

We have thus given our readers a summary of the principal contents of this work. It will be seen that in it the student is conducted by a regular and carefully-considered scheme from the observation of the simplest objects to the interpretation of the most complex phenomena that occur in the body, and we venture to say that if he can find the time, and the apparatus for research is at hand, the performance of all, or nearly all, the experiments in the book will give him so thorough a knowledge of physiology as shall stand him in good stead in whatever branch of medical practice he shall afterwards be engaged. That a familiarity with the experiments contained in such a course will eventually be required of every candidate we can entertain no sort of question. The profession must feel deeply indebted to Dr. Sanderson and his coadjutors for the ability with which the whole work is drawn up, for the clearness of the descriptions, their excellent arrangement and judicious selection. The book is perfectly unique, and will prove of equal value to both students and teachers.

Another World; or Fragments from the Star City of Montalluyah. By HERMES. London: Samuel Tinsley. 1873.

THERE is something exciting in the title of this book. We opened it with a feeling of interest, and closed it with one of disappointment. The disappointment was as much with ourselves, perhaps, as with its author; for we have failed to realise its meaning. It is not that it is badly written, wanting in ability, or deficient, here and there, in germs of thought that are capable of expansion and application; but there is an ambiguity about the book which excites without satisfying the curiosity. It is not an imaginative work to charm us like the "Coming Race." The moral does not lie on the surface, and the author has succeeded in effectually hiding his satire, if satire there be. On the other hand, if it is intended, as we conceive, to have a practical aim, that aim, although it is obvious enough in many places, escapes us altogether in some, and is dimly discerned in others. If the work lacks the wit of "Gulliver's Travels," it is perfectly free from its coarseness. The people to whom the fragments relate are not only human, but constituents of a highly civilised and even polished society. Their actions about many things correspond to ours, and the objects they pursue are the same as those sought by terrestrial philanthropists. Health, education, marriage, the removal of disease, the prevention of madness and crime, the arts of government, the regulation of amusement, the efficient employment of physical forces, occupy the attention of the inhabitants of this Star City as they do that of our own; but the results of the studies widely differ. The name of "Montalluyah" immediately belongs to the chief city in the planet, but it may be also extended so as to include the entire sphere, and it is hinted that Montalluyah is in reality the world known to us as the planet Mars. The speaker in the Fragments was the son of one of the twelve kings, who, by his genius and worth became "Tootmanyoso," or supreme ruler. Under his influence preventive medicine flourished; for the physicians, we are told, made it less their duty to cure than to prevent diseases. Electricity occupies the most prominent place among the physical agencies employed by these people. By its aid all sorts of things have been brought about, in the way of advancing the world in all that belongs to morality, science, and art. For increasing the power of optical instruments, for the detection and eradication of the germs of disease and other purposes, electricity is the great agent. In Montalluyah everything organic or inorganic has an electricity of its own; and from a pet bird is extracted a pain-lulling electricity which has completely displaced all other methods for procuring anæsthesia, some of which, it is said, so seriously suspended the vital action that the patient died in consequence. Montalluyah is a capital place for physicians. They are persons of high rank there, live in palaces, and enjoy large revenues. Formerly called by a name answering to "disease doctors," they are now known as "health guardians." Parenthetically we may remark that, as there are no poor, there is no necessity for the presence of Poor-law guardians. The perspiration and breath are examined by means of powerful microscopes. The chapters on education and character-divers and that on madness are good. In the latter, we are told, it has been discovered that it is not in the over-worked portion of the brain that the signs of disease have been found, but in those parts of the organ that have lain dormant or been little used. Persons rarely die but of old age in this other world, and man leaves it at last by aid of a material extracted from an insect, serene and happy as if about to start on a pleasant journey. A portion of this material is administered to the patient as soon as the physicians are satisfied that life is ebbing fast. The chapters on infants' exercise-machines, gymnastics, the discovery and use of the Allmanyuka, on consumption, and social intercourse, will have most interest for medical readers, and we must content ourselves by simply indicating their titles. In conclusion, the curious, fragmentary, yet withal clever book entitled "Another World" is, we are bound to say, written with a kind of verisimilitude that will interest readers, if it fails to realise their expectations.

DR. MILROY'S LEPROSY MISSION.

THOSE who are interested in the question of the genesis and therapeutics of leprosy will read with considerable interest the account given by Dr. Milroy, in a report addressed to the Secretary of State for the Colonies, of his recent official visit to the West Indies, just published as a Parliamentary paper. This visit was made, as our readers know, chiefly for the purpose of ascertaining, by personal examination on the spot, the value of the system of treating leprosy suggested and carried out by the late Dr. Beauperthuy. Dr. Milroy, however, touches upon several collateral topics, and, amongst others, the hygienic surroundings and general treatment of lepers; the alleged contagiousness of leprosy; the character of the diet of the leper as influencing the production of his malady; the beneficial action upon the leper of a nutritious diet, fresh meat and vegetables, cleanliness, pure air, and the like. In fact, Dr. Milroy affords the reader an excellent sketch of the present treatment, hygienic and moral, of the leper, and makes valuable suggestions for bettering his present miserable existence in the countries visited by him. Further, the report contains many original observations as to the nature of yaws. For the present we propose to confine our remarks to the subject of leprosy.

Dr. Beauperthuy's ideas of the nature of the constitutional condition in leprosy were somewhat curious. He affirmed that "leprosy is a mixed disease, which requires for its development a combination of circumstances that must always render it an individual or exceptional malady, not one of general or of epidemic occurrence. There are two morbid conditions — viz., the syphilitic and the herpetic, whether these be acquired or be hereditary—which predispose to its development, and they may be existing for a long time in the system without manifesting their presence by any outward signs. The syphilitic and herpetic diathesis constitute the element of hereditariness, tending to favour the formation of albuminous deposits, which lead to the development of tubercles and of tubercular spots and blotches." But if there be one thing more clearly established than another, it is the separateness of the diatheses of leprosy and syphilis; and Dr. Beauperthuy's views on this point are entirely opposed to the teaching of the best authorities. We have on more than one occasion given the details in these pages of the plan of treatment pursued by Dr. Beauperthuy, and Dr. Milroy reminds us that it consisted in the prescription of a highly nutritious diet, with fresh vegetables and meat, as well as medicines. No doubt the exhibition of mercury by Dr. Beauperthuy is to be explained by the views which he held as regards the pathology of the disease, whilst the necessity for the prescription of hygienic measures of the best kind and of a good diet was made evident to him by the general cachectic condition of the poor leper, induced by his residence in malarial localities and the miserable nature of his ordinary diet, made up in great part of salt fish. Dr. Milroy enters into considerable detail, showing what wretched sites have been chosen for leper hospitals. Whilst Dr. Milroy withholds his countenance from the use of mercury, he expresses his opinion that steel and bark are the remedies chiefly indicated by the symptoms of the malady, and the general state of the patients whom he saw. As to the general results of the Beauperthuy treatment, Dr. Milroy says the impression left on his mind from a personal examination of the patients

was on the whole encouraging. "To talk of a cure," he adds, "or the perfect recovery of sound health, would be a misuse of language." But it would appear that an improvement in the health of lepers similar to that observed in Dr. Beauperthuy's cases was often noticed in those who had merely been put upon a better diet, and Dr. Milroy quotes the experience of Mr. Allison, the visiting surgeon of the asylum at Mahaica, in support of these views; and he remarks that it is difficult to determine in Dr. Beauperthuy's cases "how much amendment was due to improved hygienic treatment, and how much to the use of medicinal remedies." In fact, Dr. Milroy confirms the conclusions at which dermatologists have for some time arrived, that it is possible to ameliorate the disease in the leper by improving his general health, and by the local application of remedies calculated to cause the absorption of the leprous neoplasm. But relapses are common with the Beauperthuy, as with other plans of treatment. The Beauperthuy system has in it nothing essentially new in principle, yet we cannot but accord the highest praise to Dr. Beauperthuy "for that he was the first fairly to take in hand and grapple with the difficult subject of the treatment of leprosy in the New World, and that he did not cease his benevolent endeavours until he had forced it upon public attention, not only in Venezuela and the West Indies, but also in Great Britain and France." Dr. Beauperthuy may indeed be regarded "as the 'Pinel' of a new field of philanthropic medicine, and as the pioneer of whatever improvements may hereafter be effected in the amelioration of the condition of the leper."

Dr. Milroy, in his visits to Trinidad, Dominica, Jamaica, and other places, took every occasion of impressing upon the authorities the desirability and pressing necessity of bettering the condition of the leper in every possible way, in regard to his housing, his diet, and his moral and medical treatment. Many reforms are in process of execution in the direction indicated by him, and Dr. Milroy may look back with just pride upon the humane work in which he has been engaged, which will in due course bear its fruit in the steady amelioration of the now miserable condition of the leprous outcast. The selection of Dr. Milroy has been, as we predicted, a very happy one. Possessed of the most varied experience in public sanitary questions, Dr. Milroy has always exhibited rare judgment in dealing with scientific questions *sub judice*, and in the present case his tact and scientific precision have enabled him to deal successfully with the officials and others with whom he has come in contact, and so his visit to the West Indies must be pronounced a success.

We can only further briefly notice the fact that nowhere in his travels has Dr. Milroy been able to gather any reliable facts in support of the contagiousness of leprosy, a point upon which considerable stress is laid in the report.

Foreign Gleanings.

ON THE USE OF SULPHITES AND HYPOSULPHITES IN THE TREATMENT OF INTERMITTENT FEVER.

IN an exhaustive treatise recently brought before the Royal Institute of Lombardy, Dr. G. Faralli, after examining critically the results of all the therapeutical experiments that have been made until now with the sulphites, especially in intermittent fever, arrived at the following conclusions, which he considers to be definitive:—1. It is not shown that intermittent is of a zymotic character. 2. However, the sulphites in many cases cure intermittent fever, though their action is not so rapid and constant as that of quinine. 3. Their mode of action seems to depend on their reductive, rather than on their anti-fermentative, power. 4. The only result really due to them, and established by a number of accurate observations, is the greater rapidity with which they seem to combat abdominal phenomena. 5. Their protracted use brings on a certain degree of anæmia, and thus favours the development of paludal cachexia. 6. Their prophylactic property, which had been imagined *a priori*, is not established by accurate observations, as is that of sulphate of quinine. 7. In the treatment of intermittent fever the sulphites are much less efficacious than chinchona and its preparations, and it is only when these have failed that recourse may be had to the sulphites. 8. Preparations of arsenic, which should seldom be used in miasmatic fever, are yet better than the sulphites for combating paludal cachexia. 9. Out of the three methods generally employed in the treatment of periodic fevers, the sulphites and hyposulphites, manifestly inferior to quinine, both as a prophylactic and a curative means, must be considered as even less efficacious than the preparations of arsenic.

CONDITION OF THE ARTERIES OF THE TEGUMENT IN FEVER.

In an article on the above (in *Cent. für die Med. Wissensch.*, No. 12, 1873), by Dr. Ch. Baümler, the following views are expressed. During the period of heat in intermittent fever, during the first week in abdominal typhus, as also in variola, pneumonia, and traumatic fever, there exists a condition of dilatation of the tegumentary arteries, with more or less redness of the skin. If a mark is made with the nail on the skin, it shows itself by a pale line, which spreads over a certain extent and disappears only after about four minutes. This phenomenon depends on morbid excitability of the vessels, which likewise manifests itself by rigor under the influence of the slightest current of air. This condition of dilatation of the vessels persists only as long as the power of impulsion of the heart is preserved, and ceases to manifest itself after the first few days in grave or very intense states of fever. It cannot be attributed to paralysis, the least exciting cause being quite enough to determine energetic contraction of the vessels, as has been shown above.

DEATH THROUGH GONORRHŒA AND CHORDEE.

This remarkable case occurred in the wards of Dr. Villneuve, in one of the Marseilles hospitals. The patient was a man of twenty-three. The gonorrhœa was very intense, and accompanied by chordee and continual erections. Six leeches were applied to the root of the penis. Two days after an eschar formed on the most culminating situation of the penis, and, on falling, uncovered the corpora cavernosa and urethra to the extent of three or four centimetres. Rigor occurred five days after, followed by pain in the joints of the upper limbs. Some amendment ensued, but on the fifth day later purulent effusion in the left elbow was discovered; delirium then supervened, and the patient died after an arterial hæmorrhage through the wound in the penis. At the post-mortem the following lesions were observed:—Denudation of the corpora, phlebitis of the prostatic plexus, metastatic abscesses in the liver and left lung, pus in the muscles and elbow-joint of the right arm. The course of the disease had been as follows:—Urethritis, inflammation of the corpora, phlebitis of the plexus of the penis and prostate, pyæmia.

PEPSIN AND THE DIGESTION OF FIBRIN WITHOUT PEPSIN.

Experiments performed in the physiological laboratory of Heidelberg by Gustave Wolffhügel under Kühne's direction, have led to the results essentially differing from those of von Wittich and previous experimenters. Wolffhügel finds that pepsin is not diffusible. 2. That the pyloric glands produce no pepsin. 3. That both hydrochloric and nitric acids in solution, containing 0·4 per cent., at a temperature of 60° C., are capable of dissolving boiled fibrin, though somewhat slowly, and of converting it into peptone. 4. This power of forming peptones is perceptible in both acids at a temperature of 40° C. (104° F.) Though the action of nitric acid is decidedly slower, on this account nitric acid is to be preferred to hydrochloric in experiments on the presence and action of pepsin.—Pflüger's *Archiv*, February, 1873.

ON TEMPERATURE IN PLEURISY.

In a series of articles published in *Mouvement Médical*, on pleurisy, the author, M. Bouilly, specially investigates the above question, and in connexion therewith arrives at the following conclusions:—1. There exists a *pleuritic fever*, the mean duration of which is from twenty-eight to thirty days, whether the effusion is abundant or moderate. 2. Thoracentesis does not notably diminish the duration of the febrile condition shown by the thermometer, though it considerably diminishes its intensity. 3. In serous pleurisy the thermometer does not afford the valuable results which it does in purulent pleurisy.

THE LANCET.

LONDON: SATURDAY, MAY 3, 1873.

THE Bill for amending the Law relating to the Registration of Births and Deaths has passed its second reading in the House of Lords, after a brief discussion, in which we are glad to see that the want of uniformity noticed by us last week in the law for the three divisions of the kingdom was adverted to by the Duke of RICHMOND, who, we trust, will be induced to press the further consideration of this matter upon the House when the Bill goes into committee. In its broadest sense, this Bill affects every member of the community, and it is desirable therefore that its provisions should be thoroughly understood and critically examined before becoming law; the legal press, for example, would be doing good service by giving an early opinion on the merits of the Bill as it concerns the public at large. For ourselves, it must suffice that we give attention primarily and mainly to those clauses having reference to obligations entailed upon our profession, the importance of which can only be fully gathered from the exact wording of the clauses themselves.

As the law at present stands, there is no legal obligation upon the medical attendant to give a certificate of the cause of death, except in the very rare cases in which he happens to be the legal "informant" of the death to the registration officer. Nevertheless, the profession, responding to the appeal of the Registrar-General, have for years past voluntarily given certificates of the causes of death of their patients for the purposes of civil registration. The extent of this certification naturally varies in different parts of the country, and it is much more complete now than it used to be. Dr. FARR informed the Sanitary Commission that in London 93 per cent. of all deaths were certified by medical men and 5 per cent. by the coroners, leaving only 2 per cent. uncertified. The average proportion of uncertified deaths throughout the whole country is of course considerably greater than in London, where the very poorest person can have medical attendance upon the shortest notice; but it would probably be an outside estimate to put down the uncertified deaths in all England at 8 per cent. per annum. From these a deduction of about 3 per cent. should be made for cases in which there is no medical attendant, and the residual 5 per cent. will then represent approximately the proportion of cases in which either no certificate of the cause is given by the medical attendant, or is given by an unqualified person and rejected by the registrar. It is important to bear these proportions in mind rightly to appreciate the scope of the proposed legislation as defined in Clauses 16 and 17 of the Registration Bill. The first of these clauses, after providing that forms of certificate shall be furnished gratis to all registered medical practitioners by the sub-district registrars, runs thus:—

"In case of the death of any person who has been attended during his last illness by a registered medical practitioner, such practitioner shall sign and give to some person required by this Act to give information concerning such death a certificate stating truly the cause of death, and such person shall, upon giving information concerning such death, deliver that certificate to the registrar, and the cause of death as stated in that certificate shall be entered in the register, together with the name of the certifying medical practitioner. Where an inquest is held on the body of any deceased person, a medical certificate of the cause of death need not be given to the registrar, but the information of the finding of the jury furnished by the coroner shall be sufficient. If any person to whom a medical certificate is given by a registered medical practitioner in pursuance of this section fails to deliver that certificate to the registrar, he shall be liable to a penalty not exceeding forty shillings."

We have looked in vain through the schedules of this Bill for the form of the certificate the use of which is to be thus made compulsory on medical men. The form is scheduled in the Scotch and Irish Acts; and there is the more reason for its being put into the English Bill because the Registrar-General's form in present use is open to at least one objection from which the Scotch and Irish form is free—namely, that it commits the medical attendant to a positive statement on a point concerning which he can have only second-hand knowledge, the *age* of his patient. And why the English practitioner should be required in express terms to state "truly" the cause of death, whilst his Scotch and Irish *confrères* are simply required by statute to give a certificate of the cause of death, impliedly only according to the best of their judgment, we do not understand. For "truly," the words "to the best of his belief" should be substituted if the clause is to say no more than what it evidently must be intended to mean.

In moving the second reading of the Bill, Lord MORLEY is reported to have said that, in cases where no medical practitioner had been in attendance, the registrar would refuse to give a certificate for burial until he had communicated with the coroner. We do not so understand Clause 17, which is thus worded:—

"Where a person dies unattended by a registered medical practitioner, or where no certificate of the cause of death from the registered medical practitioner who attended the deceased during his last illness is produced to the registrar, and no inquest is held, *the registrar before registering the death of such person shall take such means as (subject to the prescribed rules) he may think sufficient to satisfy himself that the death arose from natural causes;* and in any case in which it appears to the registrar that a death has been caused by violence, or has been attended with suspicious circumstances, and no inquest has been held, he shall (whether there is a medical certificate of the cause of death or not) give notice of such case either directly or through some officer of police to the coroner having jurisdiction in the place in which the death took place, and before registering such death shall ascertain that an inquest is considered by such coroner to be unnecessary."

What the "prescribed rules" are to be we know no more than probably Lord MORLEY does himself, but it must be obvious that unless they are of a very precise, comprehensive, and stringent character, the registrars will be placed in a position for which we venture to affirm a majority of them are totally unfitted. "Natural causes" is a sufficiently elastic term to cover any amount of mortality in the estimation of the village tradesmen or small farmers who con-

stitute the class from which the registrars in country districts are largely drawn.

The Bill specifies no penalty for withholding his certificate by the medical attendant, whose default, we presume, it will be for the Registrar-General to proceed against by indictment for misdemeanour. But for "wilfully" giving "any false certificate as to the cause of any death" the medical attendant "shall for each offence be liable, on summary conviction, to a penalty not exceeding £10; and on conviction on indictment, to fine, or to imprisonment with or without hard labour for a term not exceeding two years, or to penal servitude not exceeding seven years."

So much for the provisions of the Bill as they concern medical men personally. Upon the question of the effect which such legislation is likely to have in increasing the scientific value of the returns of causes of death we have left ourselves no room now to speak.

THE promised *Gazette* has been issued, and will, no doubt, be a source of great satisfaction to those members of the Army Medical Service whose names are included in it. We consider it, however, of the utmost importance to the section of the medical profession in the public services, as well as of considerable interest to the profession generally, that some authoritative interpretation should be given of the various clauses in the new Warrant which have excited such a storm of discontent. There are many members of Parliament directly or indirectly connected with the medical profession. It is scarcely likely that the representatives of the Scotch and Irish universities in the House of Commons can have remained ignorant of the feeling prevailing among the medical graduates of those universities who happen to be in the public service. We look to them to compel Mr. CARDWELL to make a declaration of his intentions in regard to this Warrant. It is rumoured that the Medical Service owes much that is retrograde in that document to the persistent jealousy of high officials at the Horse Guards. We withhold, for the present, any remarks that we may have to make on the policy of the Government, in regard to the public Medical Services, in the full anticipation that either the member for the University of Edinburgh—of which the Medical Department numbers so many graduates—or some of the medical members at present in Parliament will give Mr. CARDWELL an early opportunity of fully declaring it. Our future action, we need scarcely add, will be entirely guided by the character of the explanations afforded. The points on which medical officers and the whole profession require enlightenment are the following:—1. Whether the present Warrant be that originally submitted by the responsible medical authority? 2. The effacement of the position of the Director-General and the substitution of the authority of the Commander-in-Chief for that which should belong to the head of the Medical Service, who is alone qualified to exercise it in the selection of medical officers for promotion. 3. The breach of faith involved in the abrogation of the Royal Warrant of 1858 in the matter of forage, by which medical officers have been very unfairly, if not illegally, subjected to a diminution as to their income and a degradation as to their military position. 4. The quinquennial depression to which medical officers attached to, but virtually forming no part of, a regiment are subjected, by the choice of quarters being regulated according to their regimental seniority. 5. The absence of a guarantee of any kind that the maximum period of service before promotion is not to exceed fifteen years in the future, and the provision that Mr. CARDWELL is prepared to make to secure this being effected without any loss to the present race of surgeons in their daily pay in the meantime. 6. The method which is to be adopted for reimbursing those medical officers who have been deprived of their regimental rights and appointments, and subjected to heavy pecuniary losses by their commissions to regiments being suddenly cancelled. 7. Whether it be not the case that, under Clause 14 of the Warrant, a medical officer of twelve years' service will have the local rank of surgeon-major whilst serving in India, and be in the receipt of a smaller sum as daily pay than he would have been entitled to under the junior rank of surgeon in this country under the previous Warrant? Lastly. What is the estimated saving to the State that will be effected by handing over duties, of a new, responsible, and unprofessional character, to the Medical Service, in connexion with the charge of hospital stores and equipment, which have been previously discharged by the Control Department; and whether any contingent will be granted to medical officers to protect them against the pecuniary risks they will incur?

THE munificent donation by the Grocers' Company of £20,000 towards the erection of a new wing of the London Hospital, offers a good example to other civic companies and corporations in the disposal of the large funds they have entrusted to them. Unfortunately, too often, donations, whether by corporations or individuals, are bestowed rather to gratify private friendship than from due appreciation of the utility of the charity selected and the real claim on the public support it possesses.

Only the other day a noble lord appealed, through the columns of *The Times*, to the benevolent public in behalf of the so-called Hospital for Diseases of the Heart, which dubs itself "National," and professes to have wards for the reception of epileptic and paralytic patients. The use of the word "national" in connexion with epilepsy and paralysis may be not uncharitably thought to tend to confuse the public mind as to some supposed connexion with the well-known National Hospital for Paralysis &c., in Queen-square. But, letting this pass, our object is to direct attention to the plan adopted by this and other similar institutions of spending the greater part of a small donation in advertising its receipt in the "agony column" of the leading daily journal. Take, for example, last Monday's paper. It may be gratifying to the honourable gentleman and lady who gave £1 to the funds of the institution to know that just half that sum has been expended in advertising the receipt of the donation; but it not unfrequently happens that the sum received (from donation-box &c.) is absolutely less than the cost of the advertisement! Is it any wonder, then, that wards still remain unopened?

We quite understand the frantic efforts made by some of the small institutions to keep their names before the public at this juncture. The Lord Mayor's Hospital Sunday is coming in June, and each little charity hopes to come in for

a share of the proceeds, particularly if it can get included among the hospitals rather than the dispensaries. We trust the Mansion-house Committee will take great care to inquire into the real distribution of the funds of these institutions and the amount of actual relief afforded, before they are admitted to any participation in the coming great effort of metropolitan charity.

THE first part of the "Digest of the Sanitary Statutes" has been published. It relates to Urban Sanitary Authorities. The President of the Local Government Board, it will be remembered, in the course of the last session, gave a promise to Parliament that such a digest should be prepared, and the work has for some time been anxiously looked for. This instalment appears to be eminently satisfactory. The arrangement is clear; the general index and the table of contents are apparently all that could be desired to facilitate reference. In a prefatory note it is stated by the Secretary of the Board that the work has proved to be one of considerable difficulty and labour, that it is intended to furnish a clear and methodical exposition of the existing Sanitary Statutes, and that every endeavour has been made to ensure accuracy and completeness. The language used is mainly that of the Statutes themselves, stripped as far as practicable of technical phraseology; and the several provisions relating to the same subject have been brought together. No attempt has been made to construe the several enactments which appear to be in force, or to interpret any doubtful or contradictory passages contained in them. "The work is intended as a digest only, and must not therefore in any way be regarded as an authoritative interpretation of the law."

The utility of the Digest to all persons concerned in sanitary matters must be obvious. Its execution, so far as we have consulted it, reflects great credit on the legal department of the Local Government Board in which it must have been prepared. The typography is excellent, and the price of this instalment (1s. 6d.) highly commendable.

The Orders of the Local Government Board, prescribing the mode of appointment and the duties of medical officers of health and inspectors of nuisances under the Public Health Act of 1872, are conveniently given in an appendix. We trust that the publication of the instalment of the work relating to Rural Sanitary Authorities will quickly follow.

Medical Annotations.

"Ne quid nimis."

MR. HEADLAM'S MEDICAL BILL.

THE great cause of a One-portal system of admission to the profession is not yet compromised. Mr Headlam's Bill for amending the Medical Act not only still awaits a second reading, but the day fixed for the second reading is the 19th of May. There is time, therefore, for the promoters of this measure to reconsider their position, and to ask themselves whether they are worthily using whatever influence they have as the representatives of a Medical Association. The occasion is much more promising than that of 1870, and involves a much greater responsibility on the part of all those who misuse it. Then we should all have received with meekness the one-portal arrangement by conjunction of the existing bodies, not as a thing abstractedly satisfactory, but as the only arrangement that could be conceded. The opposition to the measure was based merely on the ground that the Government refused to introduce into it any clauses modifying the composition of the Council in the direction of making it more representative of the profession. Now we all feel that the failure of the General Medical Council and of the nineteen bodies to do the work required of them by public opinion is so complete as to necessitate a very different measure from Mr. Headlam's Bill. We advise the profession everywhere to organise an opposition to the second reading of this measure, for reasons stated at length in THE LANCET of last week.

THE UNIVERSITY OF ABERDEEN.

AT the late medical graduation term the following degrees were conferred: the degree of M.D. upon 8; that of M.B. on 36; that of C.M. on 31. We have never been advocates for a reckless gift of the degree of Doctor of Medicine; but we cannot help thinking that the profession has some right of complaint in seeing the dwindling and diminishing number of instances in which the degree of M.D. is conferred. The Scotch universities seem to be imitating the English ones in surrounding the degree of M.D. with so many impracticable conditions as to make it unattainable by more than a very few. If we may trust the table showing the results of examinations in 1871, published in the Minutes of the General Medical Council—generally, by the way, a frightfully inaccurate document—the degree of M.D. was not granted in one instance in 1871 by the University of Aberdeen. In 1872 the number was 23.

In an able letter from Professor Struthers in the *Aberdeen Daily Free Press*, it is stated that the total annual value of bursaries in Arts amounts to £3646 16s.; in Divinity, £650; in Medicine, £16: in other words, that the Arts bursaries are in the proportion of two to three students; the Divinity bursaries are to students as 29 to 44; the medical bursaries are almost of no value. Dr. Struthers argues that such a state of matters gives the Arts and Divinity students an advantage over medical students. Nevertheless, he shows that while the Arts classes have, in point of numbers, stood still, and the Divinity classes have rather decreased, the Medical classes have been steadily increasing. Thus, from 1864–5 to 1872–3 inclusive, the following have been the numbers of students of Medicine—136, 138, 161, 172, 166, 175, 191, 202, 247. The less any faculty depends on artificial helps the better, and professors of the Medical Faculty can afford not to envy the bursaries of other faculties. At the same time, while the expense of the study of Arts and of Divinity continues almost stationary, the study of Medicine becomes more costly and complicated, and men of capital might make a worse use of their money than in founding good medical bursaries.

Professor Huxley, in taking his seat for the first time as Lord Rector of the University, has been fortunate in having before him what promises to be a *cause célèbre*. A student of divinity had been refused admission to a valuable bursary, to which the patron of the bursary had presented him, because he does not belong to the Established Church; and the refusal of the Senate, as the professorial body is termed in Scotland, was appealed against to the University Court. The very elaborate pleadings and speeches have reached us. Notwithstanding the able speeches of the Lord Rector and of Mr. Webster, the majority, consisting, we note, of three clergymen of the Church in question, sustained the decision of the Senate. A Court so constituted, the majority being parties directly inter-

ested, does not seem to onlookers to be the kind of body to decide such a case; and we are not surprised to learn that the decision is not looked on as final. The case is somewhat complicated by the fact that the appellant is a graduate in divinity of another university; but whatever may be the issue, it is expected that the matter will come up again in an uncomplicated form. The question opened up by the case, as Professor Huxley tersely puts it, is whether the divinity classes of the Scotch universities are essentially the appanage and property of one of the ecclesiastical bodies into which Scotland is divided, and whether the professors are to obey their church or their university.

We observe that the Lord Rector proposes changes in the medical examinations. Some two hundred of the students of medicine had petitioned him to have a substitute for Greek in the preliminary examination, and this the Lord Rector supports, the proposed option being German or French. He has also expressed the opinion that the examinations in Natural History and Botany should take place at a much earlier period of the curriculum than they do at present, so as to leave the student's time more free for professional studies, and he announced his intention of bringing forward a resolution on the subject at the next meeting of the Court.

Altogether we must congratulate Professor Huxley on the beginning he has made in his new capacity of Lord Rector in Aberdeen. We understand that the learned Professor has spent some time in Aberdeen in making himself acquainted with the affairs of the institution over which he is to preside, and that he has already won golden opinions, even among those who had been inclined to think that the medical students of that active and rising school were in advance of the age when they selected the distinguished *savant* as their representative in the governing body of the University.

PRUDENTIAL CONSIDERATIONS IN PRACTICE.

WE have received from Mr. Trend a copy of an interesting address, on "Prudential Considerations in Practice," delivered by him before the Southampton Medical Society. The scope afforded by such a title is almost infinite, for there is scarcely a single professional relation in which the exercise of prudence is not imperatively called for; but Mr. Trend chiefly addresses himself to the subject of consultations, to the giving of certificates of death, to the examination of lives for assurance, to advice concerning marriage, and to medical testimony in courts of law, both as regards railway cases and such-like trials and as regards the insanity of criminals. Even these matters he can necessarily treat only in a cursory manner; but his observations are none the less worthy of being pondered by those whom they concern. On the subject of certificates of the cause of death he makes the practical suggestion that a medical man should be at liberty to compose his own form of certificate for cases in which the present official form is unsuitable, but in which the practitioner desires to bear such testimony as would at once promote accurate registration, remove suspicion of foul play, and perhaps obviate occasion for an inquest. With regard to medical evidence in courts of law, he is favourable to the appointment of a Government officer or medical assessor to decide upon all cases of injury in which compensation is demanded, and thus to remove what he describes as the scandal to the profession that results from the present state of things. The notion is a plausible one, but is made, we think, without due consideration. The principle that the decision of matters of fact must rest with a jury is too deeply rooted in the English mind to be set aside by any novelties; and the "decision" of a Government assessor would satisfy neither the litigants nor the public. Again, even supposing that it were the province of such an officer to make a statement to the jury, the fact would remain that this statement would be only a fallible opinion, and justice would demand that the contending parties should be permitted to aid the jury by bringing forward other opinions also. We quite agree with Mr. Trend that the spectacle occasionally witnessed, of half a dozen doctors telling a jury that a plaintiff has sustained serious and probably permanent injury, while another half-dozen pronounce him to be an impostor, is indeed a scandal to the profession; but we think this scandal is in practice too much controlled by cross-examination to tend seriously to produce a miscarriage of justice. It may be prevented, so far as the profession is concerned, by the exercise of that prudence which Mr. Trend advocates, by care in discriminating between facts and opinions, and by modesty in the enunciation of opinions which admit of doubt. The "scandals" really arise from men who have made themselves partisans, and who are blinded by their partisanship to all but one side of a question.

On the subject of medical evidence in cases of reputed insanity, Mr. Trend contents himself with raising doubts touching the propriety of some of the ordinary methods of procedure.

We cannot leave this interesting little pamphlet without observing that it would be very useful if the ethics of professional relations with the public, and with brother practitioners, were more studied than they are. The broad rules to do justice and to love mercy, and to treat one's neighbour as oneself, are far more easily enunciated than applied; and on many matters of ordinary conduct we are, perhaps, too apt to be guided by custom, or by what is called etiquette, without sufficient thought about the principles upon which custom and etiquette should be based. It would always be a wholesome mental exercise to review dispassionately the various points of friction that are met with in the discharge of medical functions, and the exercise could hardly fail, in positions of difficulty that must come to all, to strengthen the hands of those by whom it had been practised.

VIVISECTION.

A CONTEMPORARY, noting the fact that the new Physiological Laboratory at Berlin has one whole department set apart for vivisections, remarks, that this, if it be true, "must mean that vivisections are to be carried on for merely expository purposes, as well as for the sake of those original investigations which, according to the apologists of these practices, are to lead to so much alleviation of the pains of men and animals in the future. We confess to believing that 99 out of every 100 even of these latter vivisections are useless and wicked displays of prurient curiosity; but the former class of vivisections, those of pure exposition, even the most zealous English physiologists decline to justify."

Apropos of the above remarks, it may be stated that nearly all physiological experiments *may be* conducted on animals rendered unconscious by anæsthetics. Under these circumstances we can see no objection whatever to their performance. Physiological experiments are of an extremely delicate nature, and much practice is required to obtain trustworthy results. There can be no question that our knowledge of the physics of the circulation and respiration, and much of our information on the nervous and muscular systems, have been acquired from experiments on animals. It can still less be doubted that such knowledge has proved of infinite service in the advancement of pathology, and, by consequence, of the treatment of disease;

and whilst every humane man will steadily set his face against the unnecessary infliction of pain for the mere purpose of demonstration, no sensible member of the medical profession will, we think, object to a carefully thought out and important experiment, having a definite object in view, being carried out upon an animal merely because it is accompanied by pain. This, however, we repeat, is but seldom requisite.

ORIGIN OF LOOSE CARTILAGES.

THE question of the origin of the loose cartilages that occasionally occur in joints, especially in those of the knee and elbow, is one of great interest, and has not as yet received any perfectly satisfactory reply. They were first noticed by Paré in 1558. Hunter's opinion is well known. After pointing out that such loose bodies may be ligamentous, cartilaginous, or bony in structure, he refers their origin to the "living principle of the blood," or fibrin, which, when blood is extravasated into a cavity, adheres to the cavity, and is not absorbed, but becomes vascular, and afterwards membranous, cartilaginous, or bony, according to circumstances. Its attachment being rendered small by motion, it becomes easily broken off. Andral, after alluding to their possible origin from chips of the normal cartilage, puts aside this explanation on the ground that they are sometimes met with in the cavities of serous as well as of synovial membranes. He then notices Laennec and Béclard's view, that they are sometimes formed upon the outside of the serous or synovial membrane, and, pushing the membrane before them, gradually become pedunculated, and ultimately free; but considers that this does not explain the formation of the precisely similar loose cartilages that he has occasionally met with in the adipose tissue of the orbit, in the spermatic cord, and elsewhere. More recent writers, as Rokitansky, have suggested that they sometimes originate in the enlargement and transformation of the synovial villi; and a good abstract of the views of this pathologist will be found in Wedl's Pathological Histology. That they may sometimes originate in the detachment by accident of a fragment of the normal articular cartilage, as held by many English writers, seems to be beyond question. A good example of such a mode of origin was reported some time ago by Dr. Klein. In this case, a strong and previously healthy young man, whilst seated, suddenly turned his left foot on its outer border to stop a billiard-ball that was rolling past him. Intense pain was felt in the knee-joint, and he was at once unable either to bend or to straighten it. After the lapse of a year the presence of a foreign body in the joint was recognised; and shortly afterwards a biconvex piece of bone, covered with cartilage, and about the size of a nut, was removed by operation. Death ensued in five weeks from pyæmia; and, on post-mortem examination, a cavity was found in the cartilaginous investment of the internal condyle of the femur near the intercondyloid notch. A piece of cartilage occupied part of this cavity; and it was found that the remaining hiatus exactly corresponded with the fragment of cartilage that had been extracted from the joint. Though Klein explains the origin of the latter in a different way, there seems every reason for believing that it was really the result of a detachment of a piece of cartilage at the time of the accident. Many cases similar to this are on record. Velpeau, for instance, removed a loose cartilage with fatal result from the knee-joint; and Cruveilhier satisfied himself that it was a fragment broken off from the cartilage investing the femur. Virchow and Meckel have met with similar cases; and these, with the one described by Dr. Weichselbaum, in a recent number of Virchow's *Archiv*, appear to be strongly in favour of the occasional origin of these bodies from broken pieces of the natural cartilages. Dr. Weichselbaum states in his paper that, whilst making the post-mortem examination of a muscular and fully developed soldier twenty years of age, who had died from dysentery, he found in each elbow-joint a loose cartilage, whilst there was a corresponding loss of substance in the cartilage of the radius where it articulates with the ulna. Microscopical examination showed that the upper half of one of these—that from the right elbow-joint—was composed of cartilage in all respects exactly similar to that investing the joint surfaces, the more superficial cells being single and flattened parallel with the surface, and the deeper ones being more rounded and multiple, the axis of the groups being perpendicular to the surface. The matrix was hyaline throughout. The lower and somewhat smaller half of the "mouse" was formed of connective tissue and retiform cartilage, with cells in the meshes and also more or less partially calcified osteoid tissue; whilst quite at its inferior part was a thin layer of true bone, which was covered with periosteum. The line of demarcation between the hyaline and the mixed cartilage was in some parts very definite; the bone, though lamellated, had no Haversian canals or medullary canals. On the whole, then, whilst there seems good reason to believe that loose cartilages may develop as neoplastic formations in or around joints, it is yet highly probable that in many cases they are really fragments that have been detached by violence from the healthy cartilage, and that, although there may be considerable disproportion in size between the loose cartilage and the hiatus in the normal cartilage from which it has been separated, this is attributable in part to the fact that such loose fragments may have been detached before the period of complete development and ossification of the epiphysis of the bone, partly to the subsequent growth and filling up of the injured cartilage, and partly to the growth of the fragment itself.

GUY'S HOSPITAL.

THE volume of Guy's Hospital Reports recently issued contains an analysis of the patients treated in that institution during 1871, by Dr. J. C. Steele, from which we gather that the total number of patients amounted to 78,608, of which 5549 belonged to the class of in-patients, and 73,059 to the out-patients. There was a considerable increase in the number of in-patients during 1871, due to the opening of the new wards in the course of the summer months. The average length of residence of the patients during the year was 37·58 days, or rather more than half a day longer than in 1870. The percentage mortality of 1871 was high, being 11·07; and this increased rate of mortality of late years, the existence of which is being felt by other institutions of a kindred character, may be traced, as Dr. Steele justly remarks, to various causes operating in common, such as the readier admission given to hopeless cases of disease, the annually increasing number of critical and urgent cases, which under no circumstances could be refused admission, and the consequent exclusion of others of a less grave character. Dr. Steele says that, strange as it may seem, it is consistent with the experience of the hospital that the exclusion from it, or rather the facilities which are now afforded elsewhere for the reception, of cases of epidemic and febrile disease in special asylums, have had an indirect effect in increasing the average mortality, inasmuch as the death-rate of these diseases, taken collectively, has always been considerably below the average mortality of ordinary medical cases. Of the total deaths during 1871, not less than 88 were attributable to consumption alone, 65 to incurable diseases of the heart and bloodvessels, 102 to severe and direct injuries, while not less than 92 cases

died within twenty-four hours of their admission. We know how much the late Mr. Buckle made of statistical results as an evidence of the existence of some law underlying apparently the most accidental occurrences, and Dr. Steele tells us that the numbers apportioned to the various causes into which the accident list is arranged maintain a remarkable correspondence from year to year, both in amount and mortality. The number of railway accidents admitted appears to be quite stationary, maintaining an average of 30 each year, with a corresponding mortality of 37 per cent. Among the surgical operations during the year, we notice that amputation through the knee-joint was performed six times with but one fatal result.

THE ABUSE OF CHLORAL.

WE regret to say that from various quarters we have received trustworthy reports which leave no doubt that this very valuable medicine is being grossly abused by the public. Hydrate of chloral has received no more than its just praise from those medical writers who have described it as the best and safest soporific medicine in existence. But no medical authority has ever dreamed of sanctioning its employment except under direct medical order; yet the public are, to a large extent, taking it on their own responsibility. In this busy and distracting age the demand for sound and undisturbed sleep is one of the most urgent calls of jaded nature, and it is not unnatural that people should catch at anything which seems to promise to give repose with certainty and safety. This makes it all the more necessary that the public should be plainly told that chloral is no more to be administered safely by unskilled hands than is opium or strychnia. There are several ways in which its improper use may cause serious mischief. In the first place, a single overdose may cause death by failure of the circulation, and there seem to be very great differences between persons as to the dose which can be taken without any danger of this fatal catastrophe. The other possible evil results of chloral are chronic. Where it is taken without proper reasons repeatedly for a considerable time, it may produce either or both of the following effects: it may seriously affect the intelligence and memory, or it may produce partial paralysis of the limbs. The latter is a fact which we have not yet seen recorded anywhere, but it is becoming known to observant practitioners, and will henceforward have to be reckoned as a possible consequence of the rash use of chloral.

Besides all these things, chloral is fully as guilty as opium or any other recognised narcotic of the tendency to render those who take it the slaves of habit; and we are not sure that the moral enfeeblement which it thus induces is not even greater than that of opium-eating, unless the latter be carried to great excess. In a word, chloral is a most valuable medicine in the hands of a judicious doctor, but it is also a most dangerous plaything or luxury in the hands of people who merely wish to escape from the sleeplessness of anxiety or of fashionable *ennui*.

A PROPOSED NEW HOSPITAL.

WE have received a long printed letter, signed by a gentleman who describes himself as "Vice-chairman" of an existing institution for the treatment of skin disease, and who wishes to set on foot a movement for converting this institution into a skin hospital with 100 beds. His letter has been reproduced by at least one daily newspaper; and we see no reason for giving it additional publicity. But we may mention that one argument in favour of the scheme seems to be that a woman with obvious skin disease is disqualified for earning her living in any way; and the argument next in order is that the general hospitals do not sufficiently meet the wants of the poor in respect of cutaneous affections. We are sorry to be compelled to say that the case seems to us utterly to break down. Of all classes of disease, the affections of the skin are those that may be most effectually treated in the out-patient department; and the chief wants in relation to them are—first, a better arrangement of baths at the general hospitals; and, secondly, a more generally diffused knowledge of the subject among the profession. Now, the money necessary to establish the proposed hospital would suffice to build and maintain baths, equal to those of University College Hospital, at every general hospital in London; and to build such baths would enable the students at every medical school to acquire practical knowledge of the best way of treating these disorders. If it be true, as alleged, that patients with skin disease are precluded from earning their living, either at honest or dishonest occupations, what is wanted for them is rather a home than a hospital; and the former might be supported at a fraction of the expense necessary for the latter. It is always painful to oppose a suggestion that bears a *primâ facie* aspect of benevolence; but we feel convinced that the localisation of the most aggravated forms of skin disease would be of no real benefit to the sufferers; and that, by depriving medical students of experience, it would be of real harm to the profession, and through them to the public. We trust that the appeal may be met by an absence of response sufficiently declared to quench the whole project in this early stage of its existence.

THE SALOP MEDICAL AID ASSOCIATION.

THIS Association is meant for the benefit, not only of members of all friendly societies, but also of those of the "industrial classes" in and around Shrewsbury. The subscription "for the working class" above fourteen years of age is 4*s.* 4*d.* per year, and for children 1*s.* per year each. Medicines and all ordinary appliances are supplied, as well as vaccination, extraction of teeth, &c. The wives of members are attended in their confinements on payment of a fee of 10*s.* 6*d.* The institution is entirely self-supporting. It is a peculiarity of this arrangement that the members are attended by one medical man, who receives a stated salary of £200, with house, coals, and gas, equal to £250. There is also a consulting surgeon, Mr. Thomas Pidduck. It does not appear that any strict rule of admission exists. Although meant for all persons, at least all persons of the industrial class, it would seem to be an association of Foresters only. A correspondent gives us a high account of the design of the founders. He says the Association is intended to supersede free medical aid, to suppress practice by druggists, untrained midwives and quacks, and to provide proper medical aid for those who are too poor to obtain it in the usual way, and yet are not disposed to accept of parochial or charitable assistance. In these days of experiments in provident medicine we must not be too critical, but we do not see anything in the advantages of this arrangement to justify a special institution, or different from what may be obtained from any private practitioner. The report of the medical officer shows a little tendency to descant on the medical particulars of cases in a way which will tend more to astonish than to edify the Foresters; further, the report is not adorned by a reflection on "another practitioner" for recommending the removal of a patient to the infirmary. Moreover, it does not seem to us satisfactory that friendly societies should ignore all existing arrangements in favour of a new one, involving little more than the addition of another practitioner to a town already well supplied. Such a procedure is doubtless perfectly within

their rights, but we cannot say that it strikes us as either judicious from the friendly societies point of view, or considerate towards the profession.

QUARANTINE ON THE SOUTHERN AND GULF COASTS.

WE have received a copy of the report furnished by Assistant-Surgeon H. E. Brown, of the United States' Army, to the Secretary of War of that country. This officer was detailed by the Surgeon-General to make the investigations required under the joint resolution of Congress, approved June 6th, 1872, "providing for a more efficient system of quarantine on the Southern and Gulf coasts." Assistant-Surgeon Brown was ordered to proceed, *viâ* New York city, to Norfolk, Virginia; thence to the other towns and ports on the Atlantic coast comprised in the above resolution; and thence to New Orleans, Louisiana, where he was to take his station, and make the necessary visits and inspections on the Gulf coast, returning to Washington in November following to make his report. As this document extends over 117 pages, it is beyond our power to furnish anything like an adequate *précis* of it. Assistant-Surgeon Brown believes that the history of the epidemics of yellow fever in the United States fully warrants the conclusions at which he has arrived, and that a very decided change has taken place of late years in the profession on the subject of the portability of the yellow fever poison, and the consequent value of quarantine measures. The result of his inspections has been such as to convince him:—1. That in the vast majority of epidemics, if not all that have occurred in the United States, the germinal principle of the disease was imported from elsewhere, and was not due to local causes. 2. That a system of quarantine can be organised which will prove effective in preventing invasions of yellow fever. 3. That a properly organised system, so far from interfering with the interests of commerce, will prove really beneficial to the commercial prosperity of ports where established. 4. That the present quarantine at the South, being established by either state or municipal authority, lacks that uniformity which is absolutely necessary to its efficiency, is not founded on rational views of the pathology of the disease, and is generally defective in administration, and that a system of a different character is required. 5. That yellow fever needs to be planted in a favourable soil in order to become epidemic; and that the danger from the disease is measurably lessened in proportion as attention is paid to the local hygiene and sanitary condition of those parts of the ports or towns which are usually the habitation of the earlier cases.

VITAL STATISTICS OF FRANCE.

M. LAGNEAU has placed before the Academy of Medicine of Paris a paper from which it appears that the discouraging features presented by the quinquennial census which preceded the year 1866 are worse in the census of 1872. For the six years preceding 1872 the population has again decreased by 366,935 inhabitants—i.e., 16 individuals upon every 10,000 (the 1,597,238 inhabitants lost with Alsace and Lorraine being deducted). In order to see the extent of the decrease, it should be remembered that the former census gave an annual increase of 38 per 10,000, so that the actual decrease is 54 per 10,000.

M. Lagneau shows that this thinning of the population is owing to the comparative small number of births, military service and the anxiety of parents to prevent a great division of property being at the root of the evil. The author points out that, if this system continues, France in half a century could raise an army only one-fourth superior in number to the present, as the population would have increased only one-fourth; whilst in the same half century the number of inhabitants having doubled in England, Russia, and Germany, these countries could raise armies double the number of the present. He hopes, however, that a change will come over France, and that sufficient work and occupation will be found for the more numerous children of each family. He cites England, where the mortality is the same as in France—viz., 228 per 10,000, but where the births are 354, being one-third higher than in France; the annual increase 126 per 10,000, three times higher than French increase, and where the population is doubled in 55 years, which doubling would in France take 183 years to effect.

"VANITY FAIR."

FOR a second time our amusing contemporary has selected a member of the medical profession for its illustration. The caricature of Sir William Jenner, which appeared last week, although unmistakable, will not take a first place in the now celebrated series of "Men of the Day." The features and expression have been admirably caught, and have just received that amount of exaggeration at the hands of the artist in which lies the essence of caricaturing, but it is to us a mystery that Sir William's figure and attitude should have been so completely missed. The face is decidedly clever; the body is common-place and conventional. The biographical notice which accompanies the picture commences by saying that "the blessings of civilisation and the diseases which arise therefrom have made mankind more dependent upon physic than it is pleasant to remember, and now at last the dispenser of physic has been admitted to something like a share of public honours," among which we suppose our contemporary reckons caricaturing. We regard this biographical sketch as being little short of an insult to the profession; and its author has taken little care to conceal his purpose. The sketch might have been written by some "anti-vaccinator" who had confounded the Baronet bearing the name of Jenner with the discoverer of vaccination. It conveys a sneer at the profession which it seeks to degrade. Fortunately it is beyond the power of anyone to damage the reputation and position of a man like Sir William Jenner.

THE LOCAL GOVERNMENT BOARD AND THE HOUSE OF LORDS.

THE Local Government Board, in its answer to the Bridgewater guardians, which we only partly quoted on the 19th ult., lays down a very strange doctrine in regard to the question of successive prosecutions of the same individual for not having his child vaccinated. The views expressed are so remarkable that we must give them entire:—

"With respect to successive prosecutions of persons who, like Mr. Roberts, persist in refusing to have their children vaccinated, the Board desires me to recall the attention of the guardians of the Bridgewater Union to the report of the Select Committee of the House of Commons which sat in the session of 1871. The guardians will observe that in that report the Committee suggested that '*whenever in any case two penalties or one full penalty have been imposed upon a parent, the magistrates should not impose any further penalties in respect of the same child.*' The Bill which was introduced into the House of Commons in pursuance of that report contained a clause to this effect, but that clause was struck out of the Bill in the House of Lords, and does not form part of the Act of 1871, though it may be remarked that *that* Act repealed entirely the 27th section of the Act of 1867. Looking at these facts, the Board are *not* prepared to say that it is open to the guardians to act upon their own judgment as to the expediency or inexpediency of carrying on repeated prosecutions against the *same* person

after the guardians have become convinced of the failure of such prosecutions to procure the vaccination of the child. At the same time the Board must impress upon the guardians the importance of securing as far as possible the vaccination of every child, and they do not doubt the guardians will use their best endeavours to carry out the law that has that object in view."

It is only fair to say that we are speaking on the strength of a newspaper extract, but it purports to give the very words of the Board. If it is correct, the Local Government Board virtually tell the board of guardians they are to regard the Bill as it was introduced into the House of Commons, and not as it exists now in the form of an Act of Parliament. This is strange doctrine to come from one of the Departments. It is high time to be told whether the Local Government Board or the Houses of Parliament are to make laws. Anti-vaccinators of all sorts are in high glee with the doctrine, and so also will be the enemies of the House of Lords.

REMORSE ON THE STAGE.

THE revival at the Lyceum Theatre, in a dramatic form, of the story of the once celebrated Yorkshire murderer is likely to prove attractive to the play-going public, although it is difficult to see on what grounds such a halo of romance has been flung around this criminal by poet, novelist, and playwright. The trial of Eugene Aram was one of great medical interest, and the celebrated defence of the prisoner raised many points which will be found discussed at length in some of the older works on medical jurisprudence. The author of the new play keeps the circumstances of the murder and trial quite in the background, and the public is invited, not to gaze at the unraveling of an intricate and thrilling plot, but rather to inspect narrowly the psychological picture of a man struggling with the pangs of conscience, and ultimately succumbing to the gnawings of remorse. Mr. Irving, who plays the part of Aram, takes the whole burden of the piece on his shoulders, and the rapt attention of a crowded audience testifies to the interest which he excites. The author has quite disregarded the real facts of Aram's story, and we certainly do not think that, after Aram's detection, he has been true to nature. The effects of detection on a conscience-stricken man would most probably make him run away, or go mad, or commit suicide, but Mr. Wills' Aram (who, like Bulwer's, is a gentleman) does none of these, but dies incontinently on a tombstone within six hours.

A "LONDON CORRESPONDENT" ON MEDICAL LEGISLATION.

ONE of the most enviable of literary men is the writer of the London letter of a country paper. He is not in the same trouble as other literary men. Given ink and paper and pen, he writes away without any improper care as to the accuracy of his statements, and rather with a view to his own ease and that of his readers. For example, we may take no less an instance than the London letter of the *Scotsman* of 25th ult. Referring to Mr. Headlam's Bill, the writer says: "Its provisions are almost identical with those of THE LANCET Bill." Our readers know that in almost every particular the Bills are as different as possible. THE LANCET Bill proposed a small Medical Council, differently constituted from the present; Mr. Headlam's a Council like the present, but with the addition of six members chosen by the profession. Mr. Headlam's Bill, in imitation of the Government Bill of 1870, assigns the duty of creating three boards to nineteen bodies. THE LANCET Bill withheld its assent from such a wild and unbusinesslike procedure, and devolved upon its compact and independent Medical Council the duty of creating three boards. We do not mean to be severe on the London correspondent for his inaccuracies; the subject is so complicated and so technical that even some doctors do not understand it.

THE NORTHUMBERLAND AND DURHAM MEDICAL ASSOCIATION.

WE have received from Newcastle-on-Tyne the following circular, which appears to have been sent to every practitioner in the two counties:—

"At a meeting of medical practitioners practising in Durham and Northumberland, held at Newcastle-on-Tyne on February 27th, 1873, presided over by Anthony Davison, Esq., Surgeon, Seaton Delaval, it was resolved, 'That the fees for attendance and medicines for club patients for the future shall be ninepence per fortnight for married men or householders, and sixpence per fortnight for single men above the age of eighteen years.' This resolution was carried unanimously.

"An association was formed to carry out the above object, and was styled 'The Northumberland and Durham Medical Association.' About fifty of our professional brethren who were present at once joined the society; and, as it will be for our mutual interest, we invite you to become a member thereof, and give us your support. We will feel obliged by your sending the annexed form by return of post to the secretary, as our next committee meeting is on Tuesday, March 25th. Other matters for the benefit of the profession are contemplated by the society."

We have received also the *Northern Echo* of April 24th, which contains the following comment upon the proceedings of the Association:—

"THE DOCTORS' TRADE UNION.—A meeting of the Doctors' Trades Union of Northumberland and Durham was held on Tuesday at Newcastle. Dr. Hutchinson, of Bishop Auckland, presided. Reports of a satisfactory nature were received. Most of the collieries had conceded the increased fees. Two, however, have resisted the demands of the union, and have advertised for doctors at the old rates. Only one doctor has blacklegged as yet. The unionists are confident of complete victory."

It is obviously very difficult for those living out of the district to form any judgment about the terms proposed; but we have been informed that the Newcastle colliers habitually spend their large earnings upon champagne and cigars, and we fully sympathise with an endeavour to make them treat their doctors with honesty. We fear, however, that practitioners will be found who are ready to underbid their neighbours, and, if so, the only result of the movement will be to relieve honourable men from a load of irksome and unprofitable labour, and to hand over the operatives to persons who will find a means of making even small payments remunerative.

CRUELTY TO ANIMALS.

THE workings of the Royal Society for the Prevention of Cruelty to Animals never showed to greater advantage than in the prosecution of a heartless ruffian on the 19th ult. for galloping a horse till both forefeet broke off. The facts of the case are that on Good Friday last a man named Tomlinson hired a horse and trap to drive his sweetheart from York to Castle Howard and back. This distance, which was already too great for an ordinary horse, was greatly exceeded, and on the return journey the two forefeet of the weary horse broke off by the fetlock. This was not sufficient for our hero, who, after placing the separated feet into the vehicle, thrashed the poor creature and made it gallop on the bleeding stumps till it could go no further, but fell down exhausted, and soon died. The newspaper reports say that the whip was covered with blood, and the road besprinkled for some miles. For such vile conduct as this even drunkenness is no plea; and we are pleased to see that the magistrates sent the inhuman wretch to prison for

three months without the option of a fine. And, on our part, we regret that a person so utterly destitute of all moral feeling cannot be brought to a lively sense of his position by enduring the physical torture of the "cat."

THE MICRO-CHEMICAL RELATIONS OF THE CELLS OF THE LIVER.

IN a paper contained in Virchow's *Archiv* (B. 56, p. 201), MM. Bock and F. A. Hoffmann state that in the course of their experiments on mellituria they have had occasion to test the accuracy of Schiff's statements in regard to the distribution of glycogen in the liver, and have not been able to corroborate them. Schiff regards the pale granules which may be seen with high powers in the interior of the liver-cells as particles of glycogen, and considers that from their apparent number an estimate may be made of the absolute quantity of glycogen contained in the liver. MM. Bock and Hoffmann contend, on the contrary, that they are always present, whatever may be the amount of glycogen in the liver; and, further, that they do not stain with iodine solution when this is added to thin sections of the liver under the microscope. The part that really stains is the cell-substance itself, the tint being deepest immediately around the nucleus, and the granules there appearing comparatively clear and imbedded in a dark brown plexus.

MILITIA SURGEONS.

IN the House of Commons on Tuesday night, Mr. B. Campbell, replying to Mr. D. Dalrymple, said it was true that, under the operation of the recent regulations, Militia surgeons would lose some part of their emoluments; but no rule had been laid down giving them a right to compensation, nor had any promise been given beyond this—that if any claim were preferred for compensation, it would receive due consideration.

This is the stereotyped kind of answer which might have been expected, and it seems to us eminently unsatisfactory. The absence of frankness in such answers, and the want of consideration which the Government manifests towards the medical profession, are little calculated to procure them that public confidence of which they stand in need.

THE EDUCATION OF WOMEN.

THIS subject is said to be much debated in Germany. Societies in Berlin and Bremen for furthering the education of women are considering the propriety of petitioning the Government to allow women to follow the profession of apothecaries. The Industrial School of Amsterdam, founded in 1866, has already prepared five young women—only, by the way, one a year—and is preparing seven others. Such small numbers seem to show that women themselves do not readily abandon their ordinary views of their calling for commercial ones. Nevertheless, even if Sir William Gull is right in that sweeping and ungallant speech he lately made—and for which he will doubtless yet be called to account by the Women's Rights Association—to the effect that work was always better done by men than women, the introduction of women into such work as dispensing may really be of service to the public as well as to the sex. It is work of a kind that they would do well.

DISINFECTION AND SANITATION.

As the summer approaches, it would be well if the sanitary authorities in the metropolis, and indeed in the country generally, would, if they can, exercise some sort of supervision over the railway closets and urinals. Some of these places are provided with boxes which are supposed to contain carbolic acid, others are sprinkled with a vast quantity of the old chloride of lime, and a few are liberally supplied with running water. Some, again, have empty carbolic acid boxes, which serve only as an advertisement to the firm that supplies them; some have an intermittent supply of water; but many are innocent of any dilutant, deodoriser, or (so-called) disinfectant, and are of course redolent of foul excreta, the evils of which are of course intensified on the underground system of lines. We take it that this is a matter within the cognisance and subject to the control of the local sanitary authority in each and every district, whoever it may be; and as our travellers now include a large proportion of the population, urban and rural, we commend the subject to the attention of medical officers of health.

SUICIDAL IMPULSE.

IT is seldom that the stereotyped verdict of "*suicide while suffering from temporary insanity*" has so much to justify it as in the melancholy case of the late Lord Delawarr. From the evidence given before the coroner it was plain that the Earl had given distinct warning of mental failure some days before his decease. The deceased nobleman, who was a gallant soldier, and whose life had been of signal service to the State, seems to have been completely crushed by the death of a poor girl, which took place on the 6th of April. From that date an alteration in his manner was observed—an excitability which, gradually increasing, merged into restlessness and sleeplessness. His mind apparently became possessed with the idea that he had caused the death of another, and at last the burden of existence was too heavy for him. Lord Delawarr was fifty-eight years old, just the age of the late Mr. Justice Willes, and it is but reasonable to admit the probability of defective cerebral nutrition and commencing softening of the brain.

THE PUBLIC HEALTH ACT.

IN Berkshire the authorities of several of the smaller towns have joined the boards of guardians representing country parishes in carrying out the provisions of the Public Health Act, and the committee chosen to appoint an officer of health met a few days ago at the Reading Assize Court, to make a final selection from the eleven candidates whose qualifications appeared superior to the remainder. It transpired, however, that three of the gentlemen had in the interval received public appointments, and thus the number of selected candidates was reduced to eight. The choice ultimately fell upon Dr. Woodforde, of Poplar, who has had considerable experience in sanitary work. He will reside at Reading, the county town, and receive a salary of £750 per annum, to include travelling expenses. Reading, Windsor, and one or two other places in Berks, have made independent appointments under this Act.

UNIVERSITY COLLEGE HOSPITAL.

THE anniversary festival of this hospital was held at Willis's Rooms on Wednesday last, under the presidency of Sir Francis Goldsmid, Bart., M.P., in the unavoidable absence of Earl Derby. In returning thanks for the medical staff, Dr. Frederick Roberts took occasion to point out that the hospital could hardly be said to be "supported by voluntary contributions," when the present medical staff was mulcted *nolens volens* of the whole of the clinical fees paid by the pupils, amounting to over £2000 per annum, while the annual subscriptions of the public did not amount to more than £1300. This is a state of things which certainly demands inquiry and rectification.

UNCERTIFIED DEATHS.

AT the last meeting of the Bermondsey Vestry, Dr. Parker, medical officer, in his report of the mortality of the district, stated—

"Twelve deaths were entered as not certified, which implied that the victims were attended by unqualified medical practitioners. Six of them died of measles, one of typhus, one of whooping-cough, one of croup, one of pneumonia, and two of convulsions—if it must be taken for granted that their diseases were properly understood and correctly registered. In every instance they were children under five years of age. Was it to be wondered that the death-rate for measles was so high? I have ventilated this subject, not because I can advise the vestry as to any course of action, but because the state of things going on should be known. Not only is the death-rate materially influenced, but the health of the inhabitants of the parish suffers, more especially from the imperfect way in which the vaccination is performed."

The following letter from the Registrar-General, who had been previously communicated with on the subject of uncertified deaths, was then read:—

"Sir,—In the metropolis it is unusual that there should be so many deaths registered as you state in your letter of 8th inst., without the fatal disease being certified, in writing, by a legally qualified medical practitioner or by a coroner. But I have no means of compelling families to have recourse to skilled medical advisers, nor does the law compel medical practitioners to give written certificates of cause of death to be recorded in the civil register.

"I have the honour, &c.,

"April 10th, 1873." "GEORGE GRAHAM, Registrar-General.

A slight discussion followed the reading of the report and letter, terminating in an expression of regret that the vestry were powerless in the matter.

HOSPITAL SUNDAY AT OXFORD.

OXFORD appears to have decided upon following close in the wake of the metropolis in adopting the Hospital Sunday principle. Matters in this respect have gone so far in the city of learning as the appointment of an influential committee to communicate with the clergy and other ministers of religion upon the subject. The heads of houses are also to be invited to allow collections to be made for the same object in the chapels of all the colleges in the University. We have always anticipated that whenever London gave in her adhesion to the movement, it would soon make rapid progress towards universality, and from the fact that so important a city as Oxford has already made a move in the matter, we shall probably hear of other places quickly following suit.

VIEWING THE BODY.

AT an inquest lately held by Dr. Hardwick, the jury, on proceeding to "view the body," found it lying on a table in a dark kitchen. Upon their return to the court-room, remonstrances were made at what was not improperly termed an "outrage upon society," and a violation of all sanitary regulations. The deputy-coroner stated that a relative had refused to sanction the removal of the body to the mortuary. This is a sample of that state of utter freedom under which we live, in which one prejudiced, ignorant man is free to render a dwelling unwholesome and pestilential, while those who may have sense enough to understand the danger which their neighbour's obstinacy causes them are powerless to compel him to use those sanitary conveniences which the parochial authorities have provided. There is no one thing concerning which the poor are so punctilious as the guardianship of their dead, and we very much fear that any legislation which should compel them to separate themselves from their deceased relatives before the day of interment would meet with very determined opposition. It is no uncommon thing for a corpse to be kept seven or eight days in a dwelling-room or bedroom which is occupied by others, and although public mortuaries are now to be found in many parts of the metropolis, they are as yet comparatively little used.

THE EXECUTIVE COMMITTEE OF THE MEDICAL COUNCIL.

THE members of the Council have scarcely had time to get into the harness of regular work when the members of the Executive Committee are summoned to meet on the 7th of May. We cannot pity them. If the Council had done its work, the necessity for fresh agitation would not have existed, as it undoubtedly does and will continue to do.

THE IRISH COLLEGE OF SURGEONS.

PROFESSOR R. W. SMITH is to be elected Vice-President, and Prof. Mapother and Dr. Jacob will seek seats on the Council at the annual election on June 2nd.

A VERY curious case of mistaken identity has lately occurred at Cobridge, near Hanley. A man named Wayne claimed the body of a drowned woman as that of his mother, and the corpse was accordingly taken to his own house. This, however, had scarcely been effected when his mother entered alive and well. It would be curious to know what evidence, if any, this "claimant" of a dead mother brought forward in support of his claim, and what were the circumstances which caused him to make so curious a mistake—a mistake, however, to which many parallel cases might be found. There is so much sentiment and feeling often connected with the identification of persons found dead, that judgment and common sense are not allowed their full sway, and hence it is that errors in identifying the dead are by no means uncommon.

IN answer to a question in Parliament respecting the sum of money which the late Mrs. Brown left in the hands of trustees for the purpose of providing further bathing accommodation in the four Royal parks of the metropolis, Mr. Gladstone said the time had not yet arrived for the action of the Treasury in the matter. The Treasury never interfered in a matter of the kind until the administrator got in the estate. The sum left for the purpose was, he understood, about £55,000, but as there were parties who undertook to prefer claims as next of kin, the right of the Crown to interfere would not arise until those claims were disposed of.

PROCEEDINGS under the Nuisances Removal Act were lately taken at the Rochdale County Police-court against a firm of flannel manufacturers for using on their premises fusel oil which gave off vapours injurious to the health of the population. The case possesses considerable interest from the line of defence adopted by the defendants, who averred that, far from being prejudicial to health, fusel oil is positively beneficial by reason of a disinfecting power it possesses. The bench bound over the defendants in heavy recognisances to appear when required.

FROM the report of the Metropolitan Asylums Board just issued, it appears that during the last two years 4747 cases of small-pox were treated at the Stockwell hospitals, the average death-rate being 17·8 per cent. A perusal of the report will convince anyone not hopelessly deaf to the voice of reason of the efficacy of vaccination in modifying the form of small-pox.

A MARBLE TABLET has been erected in the entrance-hall of the Melbourne Hospital to the memory of the late Sir James Palmer, M.R.C.S. It bears the following inscription: "In memory of Sir James Frederick Palmer, Knight, first President of the Legislative Council of Victoria. As Mayor of Melbourne, he laid the foundation-stone of this hospital on the 26th March, 1846. From that time he acted either as member of committee, vice-president, or president, discharging most earnestly and ably every duty connected with the charity until his death on 23rd April, 1871. In testimony of their high appreciation of his labours, and in grateful remembrance of his worth, the contributors to the hospital have erected this tablet."

A DEPUTATION from Edinburgh waited on Mr. Cardwell on Monday, to point out to him the objectionable features of the new barracks in course of erection at Edinburgh Castle Rock, which they alleged were not only unsightly and inartistic, but deficient in sanitary provisions. Mr. Cardwell promised the deputation that the Inspector-General of Fortifications would at an early date visit Edinburgh and receive their suggestions.

Now that the bathing season is at hand, the programme of the London Swimming Club claims attention. Gratuitous instruction in swimming will be imparted this season, as heretofore, to all who cannot afford to pay for professional tuition. A bath will be exclusively provided for ladies, and every facility will be afforded to both sexes for the acquisition of an art most healthful as an exercise and most useful as a safeguard against drowning.

THE mortality last week in London and twenty other large towns was at the rate of 22 deaths annually to every 1000 of the estimated population. In the metropolis 65 deaths were referred to violence, including 26 from fractures and contusions, 7 from burns and scalds, 5 from drowning, 2 from poison, and 12 of infants under one year of age from suffocation. One of the deaths from poison was the result of "eating largely of mussels."

IT has been authoritatively stated that the French transport ship, the *Orne*, bound for New Caledonia with communist prisoners, which lately put in to Melbourne, was not short of provisions; on the contrary, she was victualled for the voyage out and home. It is further modestly added that the number of scurvy cases on board never exceeded 360.

DR. FRANKLAND, in his report upon the quality of the metropolitan water, furnished during the month of April, states that the waters distributed by the five companies, drawing their supplies entirely from the Thames, were of much better quality than in the previous month. A similar improvement was shown in the New River Company's water.

THE last official report of the Botanical Garden plantations in the island of Jamaica gives an encouraging account of the cultivation of chinchona, jalap, and senna.

THE annual oration and *conversazione* of the Medical Society of London will be held on Monday next, at the Society's rooms, 11, Chandos-street, Cavendish-square.

MAJOR ARBUTHNOT, M.P., has given notice that he will call the attention of the Secretary of State for War to the new Army Medical Warrant.

THE *Scotsman* reports from a trustworthy source that several cases of cholera had appeared in Vienna.

A PAPER, "On the Legal Securities to Life at Sea," will be read at a meeting of the Social Science Association to be held on Monday evening next by Commander Dawson, R.N. The chair will be taken by Edwin Chadwick, Esq., C.B., at 8 o'clock.

IN the last *Gazette*, eighty army medical officers were appointed surgeons-major.

Correspondence.

"Audi alteram partem."

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—The injury which has been done to the Army Medical Department by the recent Warrant is far deeper than is represented by the curtailment of horse allowance, the supercession in choice of quarters, or the despotic forfeiture of all regimental subscriptions and investments.

Either the new Warrant in all its details has, or has not, been recommended by the Director-General. If the former be the case, then the outcry against the official act of publication by the Secretary of State is puerile; but if, as seems more than probable from its provisions, the latter be the fact, then the head of the Army Medical Service has been openly ignored, and the department is shown to be as a rudderless ship, at the mercy of the alternately opposing winds of national panic and electioneering economy. How, then, can the members of such a service ever be otherwise than indifferent about bringing themselves by professional zeal and industry to the notice of a powerless representative, or how can they, being human, be expected anxiously to protect the interests of a Government who have so seriously infringed their social and pecuniary rights?

The statement of the Secretary of State that "another portion of the plan will be such as will enable a surgeon to look confidently forward to becoming a surgeon-major after fifteen years' service," coupled with the expunging from the pay-list of the previously granted increase of pay after that period, has very naturally been accepted as a guarantee of promotion at that time; and should this intention be subsequently disavowed, it will be very difficult in future to discriminate between the ambiguous utterances of the politician and the reliable pledges of the statesman. Besides this, such equivocal treatment of an admitted grievance must excite in the minds of those so dealt with, a sense of wrong far more bitter than the original hardship.

The members of the Army Medical Department are constantly and justly reproached by their civil brethren for the small contributions which they make to the literature of the profession in comparison with the abundant opportunities for observation which leisure, education, and travel place at their disposal. There are many able and willing labourers in the service, but how can they settle down to scientific industry when obliged, every now and then, to engage in an angry struggle for their rights.

Let the vexed questions which have so long been agitated be once and for all disposed of *with a due regard to justice*, and then the Army Medical Department will devote itself to the quiet, persistent work which must, before many years, secure for it that position in the professional world which, had it been heretofore less jealously treated, it would have already won.

I am Sir, your obedient servant,

April, 1873. JUSTICE.

To the Editor of THE LANCET.

SIR,—Judging from the tone of your article (April 12th) on the new Warrant, it appears to me that you hardly appreciate the intensity of the indignation and disgust that it has excited in the minds of those affected by it. If you would only consider that the conditions of our service have been such as to shut out from most of us the chance of

forming home circles of our own, it may help you to understand the feelings with which we see ourselves deprived of that substitute for a home which regimental connexions have, to a certain extent, supplied. We find ourselves in middle age suddenly isolated, mere units amongst bodies of men who are themselves bound together by those ties which regimental associations create. Although the case of the surgeons suddenly and arbitrarily removed from their regiments at first sight seems the hardest, the majority of the surgeon-majors are in as bad a plight. Every surgeon-major who joined a regiment five years ago finds after his name in the Army List the date of his being attached to his regiment the same as that of his first appointment. Consequently, under the terms of the Warrant he holds his position only from day to day, his five years having already expired. Should his regiment move from a foreign to a home station, from a bad to a good, from an unhealthy to a healthy station, he may be at any time removed to make way for a man of whose merits the authorities at Whitehall-yard have become convinced by the constant opportunities he has been able to afford them of personally judging of his good qualities. Thus, almost every member of the department under the rank of a deputy surgeon-general is thrown into a state of doubt and uncertainty as to his future. His regiment has gone, and with it his home; his position is lowered, his plans for the future are upset, his faith in Royal Warrants and his confidence in the Government which contracted with him for his services are all gone, and it will be well if all zeal for the service, all interest in his profession, and all care for the conscientious performance of his duties, do not go too. No one who really knows how matters have hitherto gone feels the slightest belief in the pretence of foreign service being more nearly equalised under the new scheme. Who have usually been appointed to regiments lately arrived from abroad? Who but men who have established their right to stay at home by shirking all foreign service? Look at Netley, and then say what likelihood there is of even that amount of benefit being derived from this disastrous Warrant? Can it be possible, Sir, for anyone to express approval of the vigour shown by Mr. Alexander in exercising his power of selection for promotion? Every friend to his memory should most carefully eschew all reference to a subject concerning which few of the older members of the department can speak, or even think, without the greatest bitterness, even after this lapse of time. To appear as a reformer, and then promote a batch of your personal friends over scores of as good or better men! For heaven's sake rather give us King Log than King Stork! Not content with inflicting upon us one injury after another in this lamentable Warrant, we are favoured with an additional one, in which one new duty after another is laid upon our wretched backs. Can we not do something more than simply wait for new inflictions? Would it not be possible to revive the organisation in the medical schools which worked so favourably on behalf of the navy? Surely we are not utterly without friends. I hope, Sir, that at least you will aid us in obtaining redress; and no journal has hitherto been so successful as THE LANCET in carrying to a happy issue any cause that it has espoused with vigour.

I am, Sir, yours truly,

April 22nd, 1873. AN ARMY SURGEON.

INSTRUMENTS AT THE INTERNATIONAL EXHIBITION.

To the Editor of THE LANCET.

SIR,—Permit us to reply to the criticisms on our eye instruments contained in your last week's issue. The writer states the patterns shown by us are obsolete. We are unable to see how that is possible, considering the fact that we export largely and have at the present moment orders in hand from practitioners of much experience for instruments of precisely the same patterns.

It must be remembered the whole of the profession is not of the same opinion as to the exact size of the blades of ophthalmic instruments, which is a matter of choice, and in executing orders we are acting not on our own designs, but according to those of our customers; and, so long as the demand exists, we are not to be censured for exhibiting patterns which are generally accepted by those competent to judge. By what standard, may we ask, does the writer wish us to regulate the size of the blade of any ophthalmic instrument? His opinion is no doubt a good one, and it is not more difficult for us to make instruments after his choice than after that of others, but we must first have the demand. In reference to the statement that one firm enjoys almost a monopoly in the sale of such instruments, we are pleased to state it is not so: we are fortunate in having a fair share of patronage; and that we execute the orders given us to the satisfaction of our customers and in a style surpassed by none that patronage is the best proof.

Yours obediently,

EVANS AND WORMULL,

Dowgate-hill, E.C., April, 1873. Surgical Instrument Makers.

*** The standards of size and shape for eye instruments are two in number: first, the dimensions laid down, as in the case of Graefe's or Weber's knives, by the surgeons by whom the instruments were designed for the fulfilment of some special purpose; secondly, the dimensions actually employed by those operators who have the largest experience and the highest reputation in the present day. It was upon such standards that our comments were founded, and if the instruments exhibited are actually in demand, we can only express regret that those who purchase them do not make themselves acquainted with patterns which are better calculated to fulfil the requirements of the surgeon. With regard to Messrs. Weiss, the reference to them seemed necessary, because an exhibition of instruments to which they do not contribute is like the play of "Hamlet" without the principal character, and would be very likely to mislead foreign surgeons with regard to the forms and sizes actually employed by the majority of English operators. The word "obsolete" is applicable, of course, only to a certain number of the instruments exhibited, such, for example, as Daviel's scissors, which were formerly employed to enlarge a small section in the now almost abandoned "flap extraction" of cataract.—ED. L.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—With your permission, I wish to bring publicly before the profession a matter which has for some time been upon my mind. There is in existence a most valuable Society for the Relief of Widows and Orphans of Medical Men, but unfortunately this Society limits its privileges and advantages only to residents either in Middlesex or the London postal district. Now, surely this is a mistake, for are there not many provincial practitioners who would gladly subscribe to its funds, so that, should necessity compel, their widows and orphans might reap the same care and aid as those of their brethren in the great metropolis? I sincerely trust that the governors will take the question most earnestly into their consideration, and, if necessary, call a special meeting to discuss it; and I further trust that you will not only oblige me by giving this communication a prominent position in your paper, but also by writing a strong article upon it, as your powerful pen will do far more in the matter than my single letter.

I am, Sir, yours obediently,

April, 1873. A PROVINCIAL PRACTITIONER.

HOSPITAL OUT-PATIENT REFORM.

To the Editor of THE LANCET.

SIR,—On reading THE LANCET of Saturday, the 19th inst., I was much surprised at the tone of the article on "Hospital Out-patient Reform." Everyone, I believe, knows that the out-patient department at the hospitals, as at present conducted, is greatly abused, and that some reform is required. I know myself of a large number of well-to-do people who are quite able to pay the usual fees of practitioners, but who are in the constant habit of at-

tending the out-patient room. The Hospital Out-patient Reform Association believe that by giving prescriptions alone to the patients it would tend to make them consult their own medical attendant, as a large number simply go to the hospital for the medicine alone; and as the poorest class of patients are already well provided for by the Poor-law Medical Board and otherwise, no great amount of harm will be done. However, as reform is universally acknowledged to be required, I think it would be wiser on the part of the Editor of THE LANCET to suggest some means of remedying the evil rather than of making ridicule of those already proposed.—Your obedient servant,

JOHN R. RICHARDS, L.R.C.P. Lond., M.R.C.S.

12, Cassland-grove, South Hackney, N.E., April 22nd, 1873.

*** Mr. Richards is thanked for his interesting communication, which excites the most lively regret that the editorship of THE LANCET should be in our unworthy hands, and not in those of a censor who so kindly volunteers to show us a "wiser" course than that which, in our unwisdom, we have adopted. We may be excused for pointing out to our critic that words have meanings; and hence that propositions, the truth of which we altogether deny, cannot be "universally" acknowledged. Our correspondent, however, is in a position to settle the question on which we differ. He tells us that he himself "knows of a *large number* of well-to-do people, who are *quite able* to pay the usual fees of practitioners, but who are in the *constant habit* of attending the out-patient room." The italics are ours; and the only persons we have ever met with to whom the statement would apply are the assistant-physicians and assistant-surgeons of hospitals. They hardly amount to a "large number," but we hope they are "quite able" to pay the fees referred to, and we know that they are in the "constant habit" of attending as alleged. Let Mr. Richards give his facts in a more definite form. We do not want a "large number" of such cases as he describes, but would be content with twenty; in which full particulars were given of the amount of income, the social position, the number and costliness of children or other dependent persons, and the amount of money actually spent on private practitioners before hospital aid was obtained. We do not look upon the alleged grievances as resting upon a foundation which is sufficient to justify the present outcry. We are quite open to conviction; but we require better evidence than a collection of "he saids" and "they saids." If Mr. Richards can support his opening by adequate proof, we will recant the error of our ways, and will join our forces to those of the Hospital Out-patient Reform Association.—ED. L.

THE ROYAL VICTORIA DISPENSARY, NORTHAMPTON.

To the Editor of THE LANCET.

SIR,—I am an occasional looker-on at the Northampton General Hospital. A few days since I happened to be present in one of the out-patient rooms while the patients were being seen. Among them came an unfortunate boy, the subject of scrofula and consumption. He was accompanied by his grandmother, who stated that this poor lad had been entered at the Royal Victoria Dispensary, and the usual contribution *paid*; that subsequently he was attended by an assistant to one of the medical officers of that institution, who, finding that the case was a bad one, and likely to require a considerable amount of attendance, stated that "*his* was not a proper case for the dispensary." This opinion was confirmed by the senior. The money was returned, and the grandmother informed that he could not be received as a patient of the dispensary. He was then taken to the infirmary, where, it is needless to say, he is receiving every attention at the hands of his *unpaid* doctor.

In my ignorance I have always imagined that the *Provident* Dispensary was intended to supply medical attendance and medicines to the sick and indigent poor, either at the institution or their own homes, at the smallest possible cost, without destroying their independence. After this I shall begin to think that it has for its main object the raising a large sum of money at the expense of all the medical men in the town, to be divided among a favoured few, who, in return, perform as little service as can be decently managed, and that principally rendered by substitutes.

I see the term "assistants" is objected to by Mr. Becke, the secretary, in his letter published in this week's LANCET, and is stated to be "inaccurate." How will the public at Northampton and the profession receive this assertion? I should also like to know if the above case would have been refused membership if the boy was possessed of a vote for the borough?

I can fully substantiate the truth of this case, and remain, Sir, your obedient servant,

April, 1873. JUSTITIA.

P.S.—I enclose my card and address.

THE TREATMENT OF DRUNKARDS.

To the Editor of THE LANCET.

SIR,—I have found nitrate of silver in small doses early in the morning to be of great use in the medical treatment of chronic alcoholism. I have also found capsicum to be of much value, given both as medicine and as a condiment.

I am, Sir, your obedient servant,

Dunmore, April, 1873. D. THORNTON, Staff-Surgeon.

BIRMINGHAM.

(*From our own Correspondent.*)

THE amalgamation of the clinical practice of the two large hospitals of Birmingham for the benefit of the students of Queen's College is at last an accomplished fact. The students will now have the opportunity of attending a *clientèle* of nearly four hundred beds on payment of a common fee; and all the resident clinical appointments, both of the General and Queen's Hospitals will be, after competitive examination, awarded by a clinical board composed of three representatives from the staff of each hospital, together with Dr. Bell Fletcher, the senior physician of the General Hospital, as co-optative chairman. Three medical, three surgical, and one obstetric, appointments, each tenable for six months, will be open for competition in May. This substitution of union for rivalry between the two hospitals has long been felt to be a desideratum by the medical profession in this town, and will doubtless be the means of bringing to the Birmingham School of Medicine a large accession of students, who would otherwise have been sent by their parents or guardians, as formerly, to the metropolis.

The sum of £4200 has been distributed as follows among the medical charities of Birmingham as the result of the Hospital Saturday. It will be seen that all are included in the list, from the largest to the smallest, though naturally the larger hospitals absorb the lion's share:—General Hospital, £1618 13*s.* 7*d.*; Queen's Hospital, £1072 5*s.* 3*d.*; General Dispensary, £417 1*s.* 2*d.*; Children's Hospital, £349 0*s.* 5*d.*; Eye Hospital, £226 7*s.* 7*d.*; Women's Hospital, £129 15*s.* 7*d.*; Birmingham Sanatorium, £120 2*s.* 5*d.*; Homœopathic Hospital, £113 8*s.* 0*d.*; Lying-in Charity, £80 4*s.* 5*d.*; Orthopædic Hospital, £51 4*s.* 10*d.*; Ear and Throat Infirmary, £18 1*s.* 2*d.*; Dental Dispensary, £3 15*s.* 7*d.* On the evening when the division of this sum was made between the various charities, the Mayor presided at a special meeting called for the purpose of raising a testimonial to Mr. Gamgee for his recent valuable services in connexion with this movement. An influential committee was formed for the purpose, and £200 were at once subscribed towards it.

The new sanatorium, recently erected at Blackwell, will be opened on Wednesday by Sir John Pakington. The building has been furnished to accommodate fifty patients, twenty-five of each sex. It is beautifully situated on the southern slope of the Bromsgrove Lickey Hills, and will prove a valuable help to the hospitals, and also to the convalescent poor of Birmingham generally.

April 14th, 1873.

THE BURIAL OF BARON VON LIEBIG AT MUNICH.

(From an Eye Witness of the Ceremony.)

THE celebrated professor and chemist, Dr. Justus von Liebig, generally known as Baron Liebig, was buried here to-day with all the honours which were his due. Hundreds of thousands of people of all nations collected in the beautiful cemetery (*der neue Südliche Friedhof*) on the banks of the Iser to pay the last tribute of respect to the greatest chemist of the age, a man to whom science is indebted for the most wonderful and useful discoveries, and whom every grateful nation under the sun has loaded with the most well-merited honours. About five o'clock P.M., the *cortège* entered the cemetery, preceded by a band of trumpeters and the singers of the choir of the Royal Court, whose solemn dirge seemed to fill the vast field of the dead where already so many heroes of the present and past lie entombed. Then followed the magnificent banner of the Royal Academy of Science, draped in crape, supported on each side by mutes, and the servants of the deceased, bearing in their hands tall wax candles; after these followed the Prussian Protestant Minister, Herr Rodde, attended by his two sacristans. Then came the bier, borne on the shoulders of eight strong men, and piled with flowers, wreaths, *immortelles*, and crowns of laurel and bay. On the head of the coffin lay the cocked hat and Court sword of the famous Professor, and hung round it were the decorations and orders bestowed upon him by the Sovereigns of all nations. Immediately after followed the sons, sons-in-law, and grandsons of the deceased, succeeded by the Honorary Members of the University in their tall-peaked scarlet hats and long scarlet gowns, led on by the celebrated Dr. von Döllinger. These were succeeded by the Doctors of Medicine and Surgeons of the Academy in their quaint attire of green, the Philosophers and Professors of Humanity in their different garbs of black and blue, and the Professors of Cameralia in their official robes of red. After these followed the members of the City Administration, headed by the Burgomasters in full Court costume, and crowds of officers belonging to the Prussian, Bavarian, and Austrian armies. General von Sprunner was present, but whether as member of the Academy or representative of the King is not exactly known. He is a gallant old General, and whatever position he held there could but do him the greatest honour. Among the members of the Cabinet we noticed Herr von Pfeufer and Herr von Lutz. Bavaria, always noted for its great and eminent men, was on this occasion most fully represented, and it would be almost impossible to enumerate by name all the nobles who from all parts of the world honoured this burial with their presence. A long address was delivered over the grave by Herr Rodde, who recalled most impressively to the minds of his hearers the benefits which the deceased nobleman had conferred on the whole world by his scientific researches and discoveries. He pointed out the inestimable value of those discoveries, not only in the late war, but for years past in foreign countries, in hospitals, and in ships—in fact, in the whole universe, wherever the name of Baron Liebig has gained so just a renown. Thousands of people take Liebig's extract of of meat, malt, or milk without ever having heard of the great nobleman who was the discoverer of it, and who has laboured for so many long years to forward the welfare of those for whom it was originally designed—the poor, the sick, and the wounded—not for his own benefit, for he was already rich, but merely for the utilisation of science in the cause of those who most truly needed it, and turning it to the good of those who have the least means of ever experiencing its real value. At the termination of the address, the coffin was lowered and the deep grave completely filled with flowers, wreaths, *immortelles*, and laurel sprigs, brought there by thousands of people, who had many of them come long distances to pay this last homage to their benefactor and friend. The *cortège* then moved slowly away, and ere the last sod was placed over the noble Baron's grave, the vast multitude had dispersed, and "God's-acre" had resumed the solemn silence which always characterises it in the land in which religion is as much known as it is practised.

The weather, which had been bad all day, cleared up during the ceremony, and the sun shone brilliantly for a few minutes, but almost immediately afterwards a waterspout of unusual force burst over the city, causing the steep lanes and alleys to run like rivers, and in many cases filling the cellars of the inhabitants.

It has just this moment come to my knowledge that General von Sprunner has been ordered by the King to place upon the grave a crown of laurels decorated with camellias.

Munich, April 20th, 1873.

Obituary.

HAMILTON ROE, M.D., F.R.C.P.

ONE of the oldest Fellows of the College of Physicians has passed away in the person of Dr. G. Hamilton Roe, who died on the 13th inst., aged eighty. Dr. Roe was a graduate of Edinburgh, where he took the degree of M.D. in 1821, and subsequently took the same degree in Dublin in 1827, and in Oxford in 1828. He became a Fellow of the London College of Physicians in 1823. Of an Irish family, Dr. Roe was patronised as a young man by Lady Morgan, who mentions him in her "Diary" as having saved the life of one of her children, and speaks of him as about to commence practice in London. This he did soon after joining the College of Physicians; and in 1825 he was elected physician to the Westminster Hospital, with which institution he was connected as medical officer and lecturer for over fifty years, only resigning in 1857. Dr. Roe was also one of the original physicians of the Consumption Hospital at Brompton, and held office there until some ten years back. He was decidedly successful as a practitioner in his younger days, and enjoyed a large and aristocratic connection; and, combining great shrewdness with force of character, was successful in impressing his own, occasionally peculiar, views on his patients. He had, as he thought, the power of forming a diagnosis by intuition rather than by careful observation; and it need hardly be said, therefore, that he occasionally went wrong, though he never allowed it. He made little pretensions to science, and wrote but on two subjects—the treatment of whooping-cough by hydrocyanic acid, and the treatment of empyema by tapping the chest; this last being one of the earliest contributions to the subject, and of considerable value.

DR. FRANKLIN GOULD.

IT is with deep regret that we have to record the death of Dr. Franklin Gould, son of John Gould, Esq., F.R.S., the distinguished ornithologist, of Charlotte-street, Bedford-square.

Franklin Gould was born in Hobarton, Tasmania, on the 6th of May, 1839, under the hospitable roof of the late lamented Sir John Franklin, during a visit of his father and mother to that country, and whilst the former was exploring the interior of the island.

He received his early education at King's College, London, and graduated B.A. at the University of London in 1859. In the year 1865 he became a member of the Royal College of Surgeons, and in 1866 he graduated M.D. at the University of Edinburgh, where he received the gold medal for a thesis on the Thermometer in Disease. In 1869 he became a member of the Royal College of Physicians of London, and in 1870 was appointed physician to the Chelsea Dispensary.

During the last few years he travelled with Earl Grosvenor, eldest son of the Marquis of Westminster, and it was during a voyage from India, between Aden and Suez, on board the ship *Behar*, that he was seized with what in India is termed ardent continued fever. He died on the 19th March, and on the following day was consigned to the Red Sea.

During his illness he was unremittingly attended by Dr. John Henry Sylvester, Professor of Medicine, and first physician to the S. S. Hospital, Bombay (a fellow passenger), and by the surgeon of the ship, who most kindly

gave up his cabin to Dr. Gould, the latter having previously relinquished his own to a lady passenger.

The suddenness of his death was attributed by Dr. Sylvester to embolism rather than to the intensity of the fever.

Dr. Gould was an affectionate son and brother, an accomplished and conscientious physician, a sincere friend, and a general favourite with all who knew him.

CHARLES PERCY CROFT, M.D. EDIN.

DR. C. P. CROFT received his medical education at University College, London, and distinguished himself, obtaining several gold and other medals—amongst others the Fellowes Gold Medal of University College in 1838 39. He was for some time in close relation with Liston, and many who frequented the hospital at that time will remember him as one of Liston's house-surgeons. During some years spent in London in practice, he was one of the promoters of the Great Northern Hospital, in the success of which he took a great interest. He was also surgeon to the Victoria Rifles, which appointment he held to the time of his death. On one occasion he went out to Brazil, where he had medical charge of above four thousand men connected with the city improvements at Rio. During the last four years of his life he practised at Newark-upon-Trent, where he was much esteemed. For three years he suffered from a painful disease, which occasionally laid him aside, but which he bore with great fortitude, and from which he sank on April 7th. He was buried in Newark Cemetery.

W. ANTHONY HARRISON, F.R.C.S.

THIS well-known member of the dental profession died on the 23rd inst., at his residence in Keppel-street. Mr. Harrison was brought up as a medical practitioner, and was in general practice at Uxbridge for some years. He then devoted himself to dental surgery, and took an active part in the movement which led to the foundation of the Dental Hospital and Odontological Society, and to the recognition of dental surgery by the College of Surgeons. Mr. Harrison was a member of the College of 1830, and was elected a Fellow in 1859. He became a Licentiate in Dental Surgery in 1860, and was appointed one of the examiners in dental surgery in 1865, but resigned in 1870. Mr. Harrison was one of the first surgeons to the Dental Hospital, and had been also President of the Odontological Society and Vice-President of the Medical Society of London. Mr. Harrison was through life a prime mover in everything which tended to elevate his profession, and spared no personal trouble in helping his brethren. In conjunction with Mr. Saunders, he was the founder of the original Dispensary for Diseases of the Teeth.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Members of the College on April 24th:—

Allchin, William Henry, M.B. Lond., Westminster Hospital.
Carter, Charles Henry, M.D. Lond., Old Cavendish-street.
Hall, Francis de Havilland, M.D. Lond., Evelina Hospital.
Leach, Harry, Seaman's Hospital.
Port, Henry, M.D. Erlangen, Finsbury-place North.
Seaton, Edward, M.D. Lond., Nottingham.
Williams, John, M.D. Lond., Harley-street.

On the same day the following gentlemen were admitted Licentiates of the College:—

Adams, John, St. Bartholomew's Hospital.
Birch, Edward Arnold, Moss-lane East, Manchester.
Campbell, James, Chigwell-row, Essex.
Crozier, John Beattie, Southampton-row.
Hall, James Thomas, Cheriton-on-Medlock, Manchester.
Jordan, Frederick William, Plymouth-grove, Manchester.
Lacy, Charles Sothward de Lacy, Coleshill-street.
Morgan, John, Chilcompton, Bath.
Morley, John Lacy, Duke-street, Adelphi.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College on April 24th:—

Cane, Leonard, M.B. & B.S. Lond., Queen-square.
Duke, Maurice Smelt, L.S.A., Clapham-road.
Evans, Thomas, L.S.A., Trinity-square.
Haig, Percy de Haga, Gilston-road.
Harvey, Charles W., Sydenham.
Jones, Robert W., L.R.C.P. Edin., St. Thomas's Hospital.
Morris, Edward John, Well-street.
Newnham, Lewis John, Uckfield, Sussex.
Platts, John Mendham, Ryde, Isle of Wight.
Tooze, Frederick G. B., University-street.

Of the 62 candidates examined on April 22nd, 23rd, and 24th, 10 failed to satisfy the Court of Examiners, and were referred to their professional studies for six months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 24th:—

Clare, John, Haverfordwest.
Greet, William Ambrose, Great James-street.
Haslam, Thomas Henry, Finborough-road, West Brompton.
Nunez, Daniel, San José de Costa Rica.
Stericker, William, Grove-lane, Camberwell.
Turle, Arthur, Mount Taunton, Somerset.

As Assistants in Compounding and Dispensing Medicines:—

Baines, Arthur, Hanley, Staffordshire.
Balkwill, Joseph, Kingsbridge, Devon.
Birchall, Thomas Barrow, Preston, Lancashire.
Hargrave, Spencer, Manchester.
Laverack, William Henry, Westgate, Bradford.
Thompson, Thomas, Knaresborough.

The following gentleman also on the same day passed his Primary Professional Examination:—

Thomas, Edmund Frederick, Guy's Hospital.

At the preliminary examination in Arts held at the Hall on April 25th and 26th 64 candidates presented themselves, of whom 19 were rejected, and the following 45 passed and received certificates of proficiency in General Education:—

FIRST CLASS (in order of merit).—1. Charles Rayley Owen. 2. A. F. G. Codd, Edward Chas. Crippe, and Montague Hosking. 5. Frank Marsh, G. A. Measden, and W. G. Tennant. 8. John McHale. 9. Geo. Batchelor, Clulow Howard, and Laurence Humphrey.

SECOND CLASS (in alphabetical order).—H. F. Bailey, R. T. Bedford, J. A. Browne, R. D. Cameron, H. Crisp, H. W. Edwards, P. H. Emerson, F. E. Fenton, E. M. Ford, C. B. Gabb, M. D'Oyley Gilkes, T. W. Graves, Alfred Hepburn, T. G. C. Hesk, L. Houghton, J. G. Jeffreyes, J. H. Kenan, J. C. Kershaw, F. Knight, M. D. W. Levien, C. B. Lewis, Theodore Linde, T. E. P. MacGeagh, L. Maybury, J. D. Miller, J. J. Muncaster, J. H. Muskett, C. J. Plummer, H. E. Price, A. W. Stone, Frank Taylor, Thomas Taylor, H. J. Thornton, F. Percy Wightwick.

UNIVERSITY OF ABERDEEN.—At the late medical graduation term, the following candidates, after the usual examinations, received degrees in Medicine and Surgery:—

DEGREE OF M.D.

Roper, George, M.R.C.S. Eng., L.S.A., Aylsham, Norfolk.

At the same time the following gentlemen received promotion to the degree of M.D.:—

Goodhart, James Frederick, M.B., C.M., London.
Lawrence, Nathaniel, M.B., C.M., Longside.
Raitt, Thomas, M.B., C.M., Accrington.
Shepherd, James, M.B., C.M., Aberdeen.
Waldo, Henry, M.B., C.M., London.
Walker, Alfred, M.B., London.
Whitelaw, William, M.B., C.M., Cupar-Fife.

DEGREE OF M.B.

Adams, James, Kingsbridge, Devon.
Arthur, John Findlay, Banchory-Devenick.
Baldock, Alfred, M.R.C.S. Eng., L.S.A., London.
Burness, Alexander George, Woburn, Bedfordshire.
Connor, Louis Richard, Doncaster.
Dempsey, Meldon Joseph, M.R.C.S. Eng., L.S.A., London.
Downes, Arthur Henry, Munslow, Salop.
Fowler, Charles Henry, M.R.C.S. Eng., L.S.A., St. Helena.
Gray, John Roubel, Aberdeen.
Gregory, William, L.R.C.P.S. Ed., India.
Hall, John George, Aberdeen.
Hallett, Henry Arthur, Poonah, India.
Jackson, Francis Ed., M.R.C.S. Eng., L.S.A., Chertsey, Surrey.
King, Walter Gawen, Poole, Dorset.
Lechler, Henry Martin, London.
Leftwich, Ralph Winnington, London.
Lloyd, Edward James, North Wales.
Mearns, William, M.A., Fintray.
Moir, Forbes Fraser Maitland, Kildrummy.
Nicholls, Henry Alfred Alford, London.
Oakes, Charles, L.S.A. Lond., L.M., Dublin.
Francis Ogston, Aberdeen.
Patterson, David Aikman, Dover.
Robbins, Henry John, Wellingborough.
Roberts, William, M.R.C.S. Eng., L.S.A., London.
Russell, James, Croydon, Surrey.
Scott, John, M.A., Aberdeen.
Sinclair, William Japp, M.A., Laurencekirk.
Spencer, Francis Henry, M.R.C.S. Eng., L.S.A., Chippenham, Wilts.
Urquhart, Alexander Reid, Elgin.
Venn, Albert John, Shepton-Mallett.
Walker, James, Aberdeen.
Webb, William Edward, Wimborne, Dorset.
Wilcox, Henry, St. Neots, Hunts.
Wilkin, John Frederick, M.R.C.P. Ed., M.R.C.S. Eng., Folkestone.
Yule, Robert Mortimer, Aberdeen.

DEGREE OF C.M.

Arthur, John Findlay.
Baldock, Alfred.
Burness, Alex. Geo.
Connor, Louis R.
Cran, John.
Downes, Arthur H.
Gray, John Roubel.
Hall, John George.
Hallett, H. Arthur.
King, Walter Gawen.
Lechler, H. Martin.
Leftwich, R. Winnington.
Lloyd, Edw. James.
Mearns, William.
Moir, Forbes F. Maitland.
Nicholls, H. A. Alford.
Oakes, Charles.
Ogston, Francis.
Patterson, David Aikman.
Robbins, Henry John.
Roberts, William.
Russell, James.
Scott, John.
Sinclair, Wm. Japp.
Spencer, Francis Henry.
Urquhart, Alex. Reid.
Venn, Albert John.
Walker, James.
Webb, Wm. Edward.
Wilkin, J. Frederic.
Yule, R. Mortimer.

The following gentlemen were certified as having passed all the examinations, but did not graduate:—

Fehrsen, James M'Call.
Strickland, Henry George Travers.
Williamson, William Herbert.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At the quarterly examinations held on April 23rd and succeeding days, the following gentlemen obtained the licence to practise Surgery:—

Richard Maurice Allen, John Power Baldwin, Robt. Byran Beatty, Robt. Augustus Bingham, Martin Edward Bourke, William Charters, George Wyndham Crowe, John Wainwright Crowe, Jas. Creagh, John Dudley, John Joseph Eyre, Arthur Benjamin Finney, Thomas Frankland Fleetwood, Francis Forster, William Frazer, Joshua Strangman Grubb, Peter Keelan, Patrick Alex. Kelly, Edward William Kelsall, Patrick Kennedy, Samuel Robert Mason, John Patrick M'Neill, Thomas Miggin, John Moore Nichols, Patrick Joseph Slevin, Raymond Snow, Thomas John Tighe.

THE VENTNOR HOSPITAL BALL.—In consequence of her Majesty's State Ball being appointed to take place on May 21st, the ball in aid of this hospital is unavoidably postponed till Tuesday, the 17th June, at Willis's Rooms, St. James's.

ROYAL GEOGRAPHICAL SOCIETY. — At the usual evening meeting of this Society on Monday last, the President, Sir H. C. Rawlinson, stated that news had recently been received from both the expeditions which the Society had sent out to aid Dr. Livingstone.

ROYAL HOSPITAL FOR INCURABLES.—The annual festival of this institution was held on Wednesday at the London Tavern, under the presidency of Lord Cairns. There are now 148 patients at the hospital on Putney-heath, while 309 pensioners receive out-door relief. Funds are urgently needed.

WEST KENT MEDICO-CHIRURGICAL SOCIETY. — The seventh meeting of the session was held at the Royal Kent Dispensary, Greenwich-road, on Friday, April 4th, Dr. Ralph Gooding (President) in the chair. A very interesting and practical paper was read by Dr. J. J. Phillips (Guy's), entitled "Some Remarks on Peri-uterine Hæmatocele," after which Dr. Carr introduced the question of, Is Diphtheria Infectious? the discussion upon which was postponed until the next meeting.

THREE COUNTIES ASYLUM.—On the 2nd of April, a very handsome timepiece was presented to Mr. Denne, the Resident Medical Superintendent of this institution, it being his birthday and the completion of his thirteenth year of office, the asylum having been opened under his charge in March, 1860. The inscription was as follows:—"Presented to William Denne, Esq., F.R.C.S., as a token of affectionate regard, by the officers and staff of the Three Counties Asylum, on his birthday, 2nd April, 1873." The presentation was the more gratifying from the fact that every one entered most heartily into the project to give their Superintendent some tangible proof of the affection with which he is universally regarded.

DONATIONS TO MEDICAL CHARITIES.—The Middlesex Hospital has received another £1000 from "D. T. S." The Royal London Ophthalmic Hospital has received a fifth £1000 from "T. R. C." The Royal Infirmary for Diseases of Children and Women, Waterloo-bridge-road, has received a fourth £1000 from "E. F. S." The Poplar Hospital for Accidents has recently received the following donations from city companies:—Grocers' Company, £100; Goldsmiths' Company, £100; Drapers' Company, fifty guineas; Clothworkers' Company, ten guineas; Merchant Taylors' Company, ten guineas.

THE PUBLIC HEALTH ACT, 1872.

[In the following list the letters "R.S.D." signify Rural Sanitary District, and "U.S.D." Urban Sanitary District.]

Districts, and Medical Officers.	*Salary per ann.*	*Area in Acres.*	*Population.*
Alresford, R.S.D. { Mr. John K. Lipscomb... ... / Mr. George Hayles...	£10 / £10	17000	3734
Ashby-de-la-Zouch, U.S.D.—Mr. William Joyce...	£10 10s.	22000	3538
Aston Manor, U.S.D.—Mr. Henry May	£100	4505	4110
Aylesbury, R.S.D.—viz.:		943	33052
District No. 1.—Mr. Charles Hooper	£30	9760	2746
" 2.—Mr. Edward Pope	£25	7630	2845
" 3.—Mr. Robert Ceely	£21	6440	2225
" 4.—Mr. Charles Spencer	£30	10954	3623
" 5.—Mr. R. W. Wilcox	£42 10s.	16820	3024
" 6.—Mr. Richard Lee	£30	7440	2698
" 7.—Mr. George Gent	£25	11110	1494
Aylesbury, U.S.D.—Mr. Robert Ceely	£70		
Bakewell, R. and U.S.Ds. combined—viz.:			
Northern Division.—Dr. Philip S. Fentem ...	£75	98936	29612
Southern " Dr. John Knox	£75		
Barnsley, U.S.D.—Dr. Michael T. Sadler	£25	2116	23000
Barton, Eccles, Monton, and Winton, U.S.D. — Dr. Benj. Carrington	£50	2262	16000
Barton-upon-Irwell, R.S.D.—Mr. Brocklehurst...	£70	15749	13870
Bath, U.S.D.—Mr. Clement S. Barter	£128	13250	52542
Belper, R.S.D. { Mr. Edward Gaylor ... ... / Mr. Josiah Allen...	£150 / £150		
Bethesda, U.S.D.—Mr. Hugh Hughes	Not fixed	1920	9500
Brackley: Daventry, Hardingstone, Market Harborough, Newport Pagnell, Northampton, Oundle, Potterspury, Thrapstone, Towcester, Uppingham, Wellingborough (R.S.Ds.); Daventry, Northampton, Oundle (U.S.Ds.) — combined — Mr. A. Haviland	£800	576000	222573
Bradford, Yorkshire, U.S.D.—Mr. H. Butterfield	£500	6508	156005
Bridlington, U.S.D.—Dr. Thomas J. Denton ...	£40	2200	6055
Bridport, U.S.D.—Mr. George M. Evans	£40	1622	8080
Briton Ferry, U.S.D.—Mr. David E. Griffiths ...	£10	1583	4728
Carnarvon, U.S.D.—Mr. Robert A. Jones	Fees	...	10000
Chesterfield, R.S.D. and Dronfield, U.S.D. { combined. } — Dr. A. Mackintosh	£550	90000	65979
Clevedon, U.S.D.—Mr. George Pizey	£30	3000	4000
Cockermouth, R.S.D. Cockermouth, Keswick, Workington (U.S.Ds) combined.—Mr. Fox	£400	109559	38784
Conway, R.S.D.—viz.:			
Creuddyn District—Mr. Wm. M. Williams ...	£10	15255	5579
Llechwedd-Isa District—Mr. Robert Jones ...	£10	15523	4298
Crowle, U.S.D.—Dr. Henry W. T. Ellis	£15	1851	3813
Daventry, R.S.D. and Daventry, U.S.D. } combined with Brackley R.S.D. and others.			
Doncaster, U.S.D.—Mr. Francis C. Fairbank ...	£50	1910	19000
Dronfield, U.S.D.—combined with Chesterfield R.S.D.			
Durham, U.S.D.—Mr. William Stoker	£25	...	15000
Ely, U.S.D.—Mr. George Cole	£31 10s.	16500	8098
Faversham, R.S.D.—viz.:			
District No. 1.—Mr. William N. Spong	£30	6097	2745
" No. 2.—Dr. Thomas C. Spyers	£35	13316	3576
" No. 3.—Mr. Robert S. Francis	£25	12790	3621
" No. 4.—Dr. George F. Pritchard ...	£35	11640	3572
Fenton, U.S.D.—Mr. James Weaver	£12 12s.	...	10299
Frome, R.S.D. and Frome, U.S.D. } combined.—Mr. Joshua Parsons	£200	50206	24269
Gower, R.S.D.—Dr. Henry V. Ellis	£80	59803	9246
Hardingstone, R.S.D.—combined with Brackley R.S.D. and others.			
Harrogate, High and Low, U.S.D.—Dr. T. Deville	£100	2950	7000
Havant, R.S.D.—Mr. William Hugh Aldersey ...	£32 10s.	14020	5510
Havant, U.S.D.—Mr. William Hugh Aldersey ...	£10 10s.	3150	2834
Horwich, U.S.D.—Dr. Alister S. Robertson... ...	£30	3254	3671
Huddersfield, U.S.D.—Mr. John B. Pritchett ...	£200	10176	70250
Kearsley, U.S.D.—Dr. Thomas B. Eames	£10	906	5830
Keswick, U.S.D. — combined with Cockermouth R.S.D. and others.			
King's Lynn, R.S.D.—Mr. William Webster ...	£10	2451	570
Kington, R.S.D.—Mr. Gustavus Foote...	£60	69457	8954
Kirkby-Moorside, R.S.D.—Dr. William Muil ...	£50	58631	5661
Litherland, U.S.D.—Mr. Robert J. Sprakeling ...	£10 10s.	702	2214
Maidstone, U.S.D.—Mr. Frederic Barham	£100	...	26239
Maldon, U.S.D.—Mr. Edwin P. Gutteridge ...	£25	3308	5536
Market-Harborough, R.S.D. — combined with Brackley R.S.D. and others.			
Merthyr Tydfil, U.S.D.—Mr. Thos. Jones Dyke...	£220	17714	53000
Mexborough, U.S.D.—Mr. Francis C. Fairbank...	£40	1200	5000
Neath, R.S.D.—Mr. Edward R. Morgan	£300	157103	47283
Newport Pagnell, R.S.D.—combined with Brackley R.S.D. and others.			
Newquay, Cornwall and Padstow U.S.Ds combined.— Mr. William Moorman — St. Columb-Major, R.S.D.	£120	73800	15600
Newton-in-Mackerfield, U.S.D.—Dr. J. W. Watkins	£50	3103	9000
Normanby, U.S.D.—Dr. James Glen	£10	1461	4500
Northallerton, R.S.D....Mr. James B. Peacock ...	£80	68252	8963

Districts, and Medical Officers.	*Salary per ann.*	*Area in Acres.*	*Population.*
Northampton, R.S.D. } combined with Brackley			
Northampton, U.S.D. } R.S.D. and others.			
Ormesby, U.S.D.—Mr. John P. Sleightholme ...	£10	...	5000
Oundle, R.S.D. } combined with Brackley R.S.D.			
Oundle, U.S.D. } and others.			
Oxford, U.S.D.—Mr. Alfred Winkfield	£180	3000	32800
Padstow, U.S.D.—combined with Newquay, Cornwall, U.S.D., and another.			
Pontefract, R.S.D.—viz.:			
District No. 1.—Dr. Henry Muscroft	£70	31889	10031
„ No. 2.—Dr. James H. Simpson... ...	£50	17647	9481
Pontefract, U.S.D.—Dr. Henry Muscroft	£40	2058	5372
Portsmouth, U.S.D.—Mr. George Turner	£450	4485	115000
Pottery, R.S.D. — combined with Brackley R.S.D. and others.			
Reading, U.S.D.—Dr. John Shea	£300	2137	34000
Redditch, U.S.D.—Mr. Charles J. Boswell	£15	15	5625
Rhyl, U.S.D.—Dr. George H. Williams	Not fixed	93	4500
Rochester, U.S.D.—Dr. John Sladen Knight ...	£30	2715	18352
Romford, R.S.D.—viz.:			
District No. 1 } Mr. Alfred Wright	£30	19631	5126
„ 2 }			
„ 3—Dr. Francis H. Parsons... ...	£30	3980	6503
„ 4—Dr. Edward W. Sullivan ...	£32 10s.	8760	5947
„ 5—Mr. Robt. Lloyd Jordison ...	£35	12047	4241
„ 6—Mr. Charles G. Bott	£12 10s.	4882	1307
„ 7—Mr. Albert W. Wallis	£13	2743	1409
Rugby, U.S.D.—Dr. David Torrance	Fees	1617	9400
St. Columb Major, R.S.D.—combined with Newquay, Cornwall, U.S.D. and another.			
St. Helens, Lancashire, U.S.D.—Dr. R. N'Nicoll...	£200	6300	46000
Sandown, U.S.D.—Dr. Henry Maund	Not fixed	548	2320
Sheffield, U.S.D.—Dr. Francis T. Griffiths	£600	22000	239947
Sherborne, U.S.D.—Dr. Wm. Henry Williams ...	£25	411	5545
Spalding, R.S.D.—viz.:			
Moulton District—Dr. George F. England ...	£20	18288	3727
Donington, Pinchbeck, Gosberton, Deeping St. Nicholas } The Rural Sanitary Authority decline, at present, to make any other appointments.	...	8514	2400
	...	15441	3846
	...	10193	2830
	...	14555	1270
Spilsby, R.S.D.—Dr. John West Walker	£210	140269	28799
Sunderland, R.S.D.—viz.:			
Ryhope and Tunstall Dist.—Mr. James T. Reed	£25	2677	4968
Ford and N. Hylton Dist.—Mr. J. W. Horsfield	£25	3115	3670
Fulwell &c. District—Dr. Luke Blumer... ...	£15	1004	363
Swinton and Pendlebury, U.S.D.—Mr. C. J. Farr	£50	2300	16000
Thrapstone R.S.D. — combined with Brackley R.S.D. and others.			
Tormoham, Torquay, U.S.D.—Mr. Philip Pitt Nind	£100	1466	21663
Towcester, R.S.D. — combined with Brackley R.S.D. and others.			
Towyn, U.S.D.—Mr. John Pughe	Nil	23290	3361
Tregaron, R.S.D.—viz.:			
Upper Tregaron District—Mr. R. Rowland ... }	Not fixed	122050	10677
Lower Tregaron District—Dr. John Rowland }			
Uppingham, R.S.D. — combined with Brackley R.S.D. and others.			
Walton-on-the-Naze, U.S.D.—Dr. H. Gramshaw	£40	2386	1070
Wanstead, U.S.D.—Dr. Frank Argles	£21	2004	5113
Wantage, R.S.D.—viz.:			
Wantage Sub-District—Mr. W. R. H. Barker	£25	33745	9850
Brightwaltham Sub-Dist.—Mr. Wm. J. Wood	£25	41447	7517
Warrington, R.S.D.—Dr. Wm. Dunderdale... ...	£200	23925	8806
Wavertree, U.S.D.—Mr. James Le Gros	Not fixed	1707	7830
Wellingborough, R.S.D.—combined with Brackley R.S.D. and others.			
West Bromwich, R.S.D.—Dr. John B. Welch ...	£150	3790	17638
West Hartlepool, U.S.D.—Mr. Riton Oldham ...	£10 & fees	...	22000
Weston-super-Mare, U.S.D.—Mr. C. V. Hitchins	£35	820	10500
Whitley Upper, U.S.D.—Mr. Joseph Lockwood...	£5	1954	1000
Williton, R.S.D. { Mr. John W. Norman	£40	50465	7583
Mr. Jonathan Crocker	£20	14003	3011
Mr. Alfred Howse	£20	14286	2377
Mr. Walter Frost	£30	16602	5932
Wincanton, R.S.D.—Mr. George Cardell	£105	66120	216000
Wisbech, R.S.D.—Dr. Edward C. Bury	£160	93276	21918
Workington, U.S.D. — combined with Cockermouth R.S.D. and others.			
York, R.S.D.—Mr. John Ingham Fearby Marshall	£200	68855	19300

Medical Appointments.

ADAM, C., M.B., C.M., has been appointed Parochial Medical Officer and Public Vaccinator for Birnie, Co. Elgin, vice Robb, deceased.

ALEXANDER, R. R., M.B., C.M., has been appointed Assistant Medical Officer to the Middlesex County Lunatic Asylum, Hanwell, vice Hawkes, appointed Resident Medical Superintendent of the Westbrooke House Asylum, Alton.

BALLARD, C., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 5 of the Abingdon Union, vice Spencer, resigned.

BOXWELL, R., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Terrygiass Dispensary District of the Borrisokane Union, Co. Tipperary, vice MacLoghlin, resigned.

BURNETT, C., M.B., C.M., has been appointed Medical Officer for the Tempsford District of the Biggleswade Union, vice Thompson, resigned.

BUTCHER, H. O. F., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Ware Union, vice O'Reilly, resigned.

CAMERON, J., M.D., has been appointed Medical Officer and Public Vaccinator for the Parish of Kildalton, Islay, vice Aitken.

CHESSEWRIGHT, J. F., M.R.C.S.E., L.R.C.P., has been appointed Assistant House-Surgeon to the Rotherham Hospital and Dispensary

CULLINGWORTH, C. J., M.R.C.S.E., has been appointed an Hon. Surgeon to St. Mary's Hospital, Manchester, vice Whitehead, resigned.

DAVIES, E., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Glyncorrwg Collieries, vice Griffiths, resigned.

DAWSON, J., M.D., has been appointed Medical Officer for District No. 5 of the Mansfield Union.

ENGLAND, G. F., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the Moulton District of the Spalding Union, vice Tidswell, resigned.

GARLAND, E. C., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Yeovil Union, vice Parsons, resigned.

HOGG, R. B., M.R.C.S.E., has been appointed Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester, vice Lowson, resigned.

HOWLETT, M. P., L.R.C.P.Ed., L.R.C.S.I., has been appointed Resident Medical Superintendent of the Limerick District Lunatic Asylum, vice Fitzgerald, resigned.

HUDSON, F., L.R.C.P.Ed., L.F.P. & S.Glas., has been appointed Medical Officer and Public Vaccinator for the Banbury District of the Banbury Union, vice Colman, elected but declined the duties.

HUGGINS, N., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed House-Surgeon to the Leith Hospital, vice T. H. Ford, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

HUNSTONE, G., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Cheetham District of the Prestwich Union, vice Moss, resigned.

JOHNSTONE, Dr. C. A., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Inistioge Dispensary District of the Thomastown Union, Co. Kilkenny, vice Thompson, resigned.

KERR, A. D., M.B., C.M., has been appointed Assistant Medical Officer to the Joint Counties Lunatic Asylum, Carmarthen, vice Davies, resigned.

KERSWILL, G., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Liskeard Union, Cornwall, vice Clogg, resigned.

KING, Dr. R., has been appointed Lecturer on Medical Jurisprudence at the Middlesex Hospital Medical College, vice Divers, resigned.

MAC LOGHLIN, R. H., M.B., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Cloughjordan Dispensary District of the Borrisokane Union, Co. Tipperary, vice Walsh, deceased.

M'MAHON, T. A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Toomavara Dispensary District of the Nenagh Union, Co. Tipperary, vice Cashell, resigned.

M'NICOLL, R., M.R.C.S.E., has been appointed Medical Officer of Health for the St. Helens, Lancashire, Urban Sanitary District: £200 per annum.

MOORMAN, W., M.R.C.S.E., has been appointed Medical Officer of Health for the Newquay (Cornwall) and Padstow Urban Sanitary Districts, and St. Columb Major Rural Sanitary District, combined: £120 per annum.

MURPHY, Mr. J. E., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Cannaway Dispensary District of the Macroom Union, Co. Cork, vice O'Keefe, appointed Medical Attendant to the Convict Prison, Spike Island.

NICOLSON, D., M.B., Assistant-Surgeon to H.M.'s Invalid Prison, Woking, has been appointed Assistant-Surgeon to H.M.'s Prison, Millbank, London, vice J. H. P. Wilson, M.R.C.S.E., who exchanges.

NUTT, H., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the North-East District of the Sherborne Union, Dorsetshire, vice Highmore, resigned.

RINGWOOD, J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer to the Workhouse and Fever Hospital of the Kells Union, Co. Meath, vice Kellett, resigned.

ROSS, J., M.D., L.R.C.S.Ed., has been appointed Parochial Medical Officer and Public Vaccinator for St. Andrews, Lhanbride, Co. Elgin, vice Robb, deceased.

THOMSON, J. A. M., L.K.Q.C.P.I., L.R.C.S.I., L.M., has been appointed Medical Officer for the third District, Newport, Salop.

TERRY, H., jun., M.R.C.S.E., has been appointed Medical Officer of Health for the Brixworth Union, Northamptonshire.

Births, Marriages, and Deaths.

BIRTHS.

M'INTYR.—On the 27th ult., at Horse-grove House, Rotherfield, Tunbridge Wells, the wife of John M'Intyr, M.D., of a daughter.

MAHON.—On the 25th ult., at St. John's Lodge, Peckham-rye, the wife of G. A. D. Mahon, M.R.C.S.E., of a daughter.

PERCIVAL.—On the 26th ult., the wife of Thomas Percival, M.R.C.S.E., of Knottingley, of a son.

PRALL.—On the 25th ult., at West Malling, the wife of S. Prall, M.D., F.R.C.S.E., of a son.

WRIGHT.—On the 28th ult., at The Hollies, Summer-hill, Boningham, the wife of W. Hall Wright, M.R.C.S.E., of a son.

MARRIAGES.

CHARTERIS—GILCHRIST.—On the 29th ult., at St. Vincent-street, Glasgow, Matthew Charteris, M.D., of Glasgow, to Elizabeth Greer, widow of James Gilchrist, Esq.—No Cards.

MASON—STEPHENSON.—On the 24th ult., at St. Pancras Church, Francis Mason, F.R.C.S.E., of Brook-street, to Jane, daughter of Benjamin Stephenson, Esq.

DEATHS.

BRUCE.—On the 18th ult., Wm. Bruce, M.D., of Dunfermline.

HOLMES.—On the 27th ult., Luke Holmes, M.R.C.S.E., of Farnsfield, Notts, formerly of the Kingsland-road, aged 80.

MORGAN.—On the 6th ult., at Caerphilly, Glamorganshire, John Rees Morgan, L.R.C.P.L., M.R.C.S.E., aged 27.

MURIEL.—On the 17th ult., R. Muriel, M.R.C.S.E., of Ely, aged 47.

MURPHY.—On the 31st of March, on the passage from Rio to Pernambuco, J. B. Murphy, M.D., late of the Royal Navy, aged 38.

WALLER.—On the 11th ult., at St. Neots, H. Waller, Surgeon, late of Buckden, Hunts, aged 86.

WILLIAMS.—On the 6th ult., Evan E. Williams, M.R.C.S.E., of Llanegwad, aged 37.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments)

FOR THE WEEK ENDING MAY 1ST, 1873.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks.
April 25	30·12	N.E.	35	38	83	48	33	...	Overcast
„ 26	30·29	N.E.	33	35	76	49	32	...	Overcast
„ 28	30·19	N.W.	43	44	89	55	35	0·09	Fine
„ 29	30·09	N.	46	47	82	54	42	0·08	Overcast
„ 30	30·21	S.W.	45	47	...	...	42	0·08	Overcast
May 1	30·20	N.W.	53	56	79	59	45	...	Fine

Medical Diary of the Week.

Monday, May 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON (11, Chandos-street, W.) — 8 P.M. Oration and Conversazione.

Tuesday, May 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Dannreuther, "On Music of the Drama."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. Report by the Morbid Growth Committee on "Fibrous Tumours of the Ovary."—The following Specimens will be exhibited:—Epithelioma of the Glottis and Base of Tongue; Aneurism of Aorta close to Sinus of Valsalva; Two Cases of Ruptured Chordæ Tendineæ; Hydatid of the Brain; Changes in the Liver produced by High Temperature; Renal Calculi; Myxoma of the Genitals; Tumour of the Jaw; Bifurcation of the Urethra of a Dog; Renal Cyst from a Pig; Recurrent Osteo-Sarcoma unconnected with Bone; Aneurism of Aorta involving the Orifice; Stricture of Common Bile-duct; Disease of Brain, Heart, Liver, Kidneys, and Spleen; A Blood-cyst from the Leg; Pulsating Cancer of Kidney; Syphilitic Condylomata; Diseased Hearts from Soldiers; Intra-Thoracic Tumours; &c. &c.

Wednesday, May 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL MICROSCOPICAL SOCIETY. — 8 P.M. Mr. W. K. Parker, "On the Development of the Sturgeon's Facial Arches."
OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Dr. Meadows, "On a Case of Gastrotomy for supposed Extra-Uterine Pregnancy."—Mr. Lawson Tait: "Note on the Diagnosis of Extra-Uterine Pregnancy."—Dr. Wiltshire, "On the Common Skin Diseases of Children."—And a paper by Mr. George Roper.

Thursday, May 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."

Friday, May 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 9 P.M. Mr. Grant Duff, M.P.: "A Fortnight in Asia Minor."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Tilbury Fox (for Dr. Fritsche), "On Two unusual Cases of Elephantiasis Arabum."—Dr. Thorowgood, "On Two Cases of Chronic Dysentery successfully treated by Ipecacuanha."—Mr. W. Spencer Watson, "On Intra-Orbitar Nævus treated by Ligature and Actual Cautery."—Mr. W. B. Dalby, "On Five Cases of Traumatic Rupture of the Tympanic Membrane."

Saturday, May 10.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Odling, "On Ozone."

Notes, Short Comments, and Answers to Correspondents.

A late Regimental Surgeon.—We consider the course pursued by the authorities towards the regimental medical officers to have been both unnecessary and indefensible. Our advice to them is, however, to take care that they do not injure a good cause by adopting a wrong course in seeking the redress to which they appear to us to be entitled. Let every medical officer forward any representation that he may desire to make officially through the proper channel, and with the sanction and recommendation of the commanding officer if practicable.

Student, (Portland-place.)—It is contrary to our custom to comply with our correspondent's request. He had better, in the first instance, consult his usual medical attendant in the matter.

M.D. (Edinburgh) had better make his application directly to 6, Whitehall-yard.

PERCHLORIDE OF IRON IN PUERPERAL HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—The discussion on the perchloride at a late meeting of the Obstetrical Society elicited a variety of opinions; but no conclusion was accepted by the members as to its advisability in the sudden outburst of hæmorrhage in puerpery. The repugnance is natural, and the eventualities which have happened or which may be feared by the expansion of a powerful escharotic over the raw surface of the recently emptied uterus stand out in startling relief. But the phantasms of peritonitis, embola, &c., claim existence *in futuro*. The all-absorbing dread is present death. One might as well refuse assistance to a drowning man because the rescued might subsequently catch cold.

Were the injection of the tincture of the perchloride of iron to certainly eventuate in any of the above maladies, it is to be put in force. The one indication is to arrest hæmorrhage; the possible evils generated by the hæmostatic must be combated as they arise. It is fitly styled a *dernier ressort*, and as such was employed in a couple of cases which were *in extremis*. One will alone be mentioned, and from memory. The points of divergence from the experience of others will not be commented on.

Mrs. S——, a multipara, aged thirty, had a natural labour of twins. Shortly after the extrusion of the placenta, flooding commenced with such violence that the pulse rapidly rose to 120, the cheeks and lips became bloodless, the temperature lowered, and with a sudden extension of the limbs and falling over of the head she appeared dead. Immediately before the apparently final catastrophe the undiluted tincture of the perchloride was passed up to the fundus uteri by means of a glass syringe connected by india-rubber tubing to a No. 10 gum-elastic catheter. A little oozing still showing itself, a second quantity was employed, when it ceased. The injections altogether amounted to rather more than two ounces. The uterine fibres were firm, not hard; the organ well occupied the hypogastrium; the fundus a little beyond the umbilicus; the sides spreading out below to the right and left. No blood was seen externally. During this lethal syncope the head was lowered—nothing more was done; and when consciousness supervened, a couple of drachms of brandy were administered.

A few days after the above occurrences the parturient complained of hypogastric uneasiness. A quantity of inodorous matter, bearing a strong resemblance to wet black sand, was to the extent of a pint scooped out of the vagina, and the viscus then thoroughly cleansed by a stream of water. Not one grain of medicine, not one drop of stimulants, was ordered. A more nutritious diet was permitted, and the patient, progressing uninterruptedly to her usual health, passed out of my hands in fourteen days.

Yours obediently,
WM. MACFARLANE, M.D., Edin.

Argyll-road, Kensington, April, 1873.

A CODE OF FEES.

A CORRESPONDENT is desirous of ascertaining where he could procure a copy of a code of fees drawn up and published in the form of a pamphlet. He thinks that it emanated from Birmingham.

THE communication of *Mr. Hugh Ker* shall be kept in mind.

REGISTRATION OF DEATHS.

To the Editor of THE LANCET.

SIR,—It is my desire to call the attention of the medical profession in England and Wales to a clause in the Act to amend the Acts relating to the Registration of Births and Deaths, which is now before the House of Lords, which affects the interests of medical men very seriously. It enacts that the medical attendant *shall* sign and give a certificate, stating *truly* the cause of death to the informant, who delivers it to the registrar.

If there were no other reason, it is sufficient cause of objection to see an enactment relating to the medical profession smuggled into a Registration Act, instead of being brought fairly and openly before us in a Medical Amendment Act; but to make it *compulsory* upon us to state truly the cause of death for State purposes, without giving us any acknowledgment whatever, and then sell our information to the friends and public in a shilling certificate, is most unjust.

The duty of giving our information to the registrar is already a sufficiently responsible one, exposing medical men to criminal prosecution for slight errors (as in the case of Mr. Croft), without making it more stringent still. To have to give the cause truly would frequently involve a post-mortem, and always be a source of anxious consideration, and would inflict a great amount of extra labour upon hospital officials and such like officers in *verifying* the statements of relatives.

It surely is quite sufficient for all purposes that we continue to give our information as at present to the best of our knowledge and belief, without being exposed to prosecution for a wrong or incomplete diagnosis, as will occasionally happen even with the utmost care, in returns furnished by us without fee or reward. I remain, Sir, yours truly,

Aston, April 24th, 1873. HENRY MAY, L.R.C.P.

EDITORIAL RESPONSIBILITY.

An Inquisitive Reader.—Our correspondent's letter is of so impertinent a nature, and contains so many erroneous and absurd suggestions, that we do not hesitate, in reply, to state that the original authorship of articles is known only to a few, who are bound by all considerations of honour and good faith to keep absolute silence on the subject. Any one who says that he knows the author of an article, as a rule, either speaks falsely, or, if he speak truth, proclaims himself to be false to a trust, and therefore to be unworthy of credence. And, even if he knew the original writer, he would have no right to attribute to him expressions which, both in form and sense, might have undergone great modifications since they were first written. The only "author" of "anonymous" articles in a journal is the Editor, whose opinions they express, and who avails himself of the help of writers in order to lighten his own labours, not to impose upon them responsibilities which belong to him alone, and which his power of revision, and of deciding ultimately upon the wording of every sentence, renders it impossible that anyone should share.

G. H. R. (Dublin) has omitted to state whether the officer in question belongs to the British or Indian Medical Service.

AUSTRALIAN WINES.

To the Editor of THE LANCET.

SIR,—The fact of the rejection of certain samples of wines by the Melbourne Hospital, mentioned in the *Australian Medical Journal*, and to which you briefly refer in your issue of April 26th, will be considered by those unacquainted with the wine-growing localities of the continent of Australia as a very heavy charge against the character of those wines as a whole. I hope you will, therefore, permit me to endeavour to show, through your columns, how much or how little is implied in this statement of the *Australian Medical Journal*.

It must be borne in mind that to speak of the wines of Australia is as vague an expression as to speak of the wines of Europe. As in the latter case the wines of Spain and Portugal, of France, of Italy, of Greece, and of Hungary would have to be included, so the former would have to include the wines of South Australia, of Victoria, and of New South Wales—three colonies of very marked and distinctive climatic characters. The first possesses a climate warm, dry, and remarkably free from all mists and fogs, which are considered very injurious to the grape; the second, situated in the most southern and projecting part of the continent, possesses a more copious rainfall, is cooler, and exposed to chilly blasts from the ocean; whilst the third and last is equally as warm as South Australia, but much more moist, being close to and including some of the mountainous ranges of the eastern portion of the continent, which intercept in a great measure the moisture conveyed by the rain-winds—viz, the S.E., and thus cause the aridness of the comparatively level portions of the interior.

As the Victorians impose a heavy duty on all wines imported into that colony, it may be inferred that the wines alluded to are those of Victorian production. In this colony, from its very southern position and exposure to the cold blasts from the south, especially in summer, the vine does not in all cases mature its fruit and bring it to that perfection which is desirable for a good wine. This is more particularly the case in those localities first chosen as sites for vineyards, so that much of the wine made in that colony is of rather a thin and inferior character. In the warmer and more favoured districts for wine-making, as an instance of which the district of Albury on the River Murray may be mentioned, some very excellent wines are made; but these tracts are of comparatively small extent. Owing to this limited supply of really good wine, to the large population and thriving condition of Melbourne, and to a heavy protective duty, almost all the good wines made are consumed in the colony, and fetch very fair prices. From this it is easy to see that those makers who are not so fortunately situated should endeavour to dispose of their stocks as best they can, and there can be but little doubt that those six rejected samples have belonged to this class. I may mention that at the Adelaide Hospital the wines of South Australia have for a long time past been used, and found very beneficial, and that they are very generally consumed by both high and low. Those wines which you mention as having analysed and reported favourably upon, which report I noticed at the time, were all of South Australian growth, and were not more than good average samples of those wines. The reason why the wines of Australia at present in the English market are almost exclusively from South Australia is that that colony is *par excellence* the wine-growing colony of Australia, the produce of the other two being comparatively small, and nearly all consumed by their respective populations.

From these brief remarks I hope that it will be evident that not very much stress need be laid on the fact that those six samples of wine were rejected by the Melbourne Hospital authorities, seeing that we can very easily account for their not being quite up to the mark.

In conclusion, if some of your readers should still be of opinion that this fact tells heavily against the character of the wines of Australia as a whole, they should by all means go to those various agencies and merchants in London who import these wines, and judge for themselves.

I am, Sir, yours truly,

Edinburgh, April 30th, 1873. W. L. CLELAND.

To the Editor of THE LANCET.

SIR,—Your reference in the last issue of your journal to the rejection of six samples of Australian wines by the Medical Committee of the Melbourne Hospital, and your expression of surprise thereat, may cause some misconception in the minds of your readers. I, therefore, take the liberty of reminding you that the wines so favourably reported on by the Analytical Sanitary Commission in your impression of Sept. 28th, 1872, were of a South Australian growth; whereas the samples referred to were undoubtedly the produce of the Victorian colony. Without going into the relative merits of the wines of these two widely separated colonies, I would merely say their characters are as different as those of the wines of any two European countries. The high restorative properties of some of the South Australian wines (the "Beaumont" to wit) have long been acknowledged by the Committees of the Adelaide hospitals, and are now very generally, if not exclusively, adopted by them. Yours faithfully,

Old Broad-street, London, April 30th, 1873. P. B. BURGOYNE.

L. F. P. S. (Glasgow) is not alone in thinking that the knowledge of "simples" has fallen off as organic chemistry and pharmacy have become the handmaids of the healing art. According to Dr. H. Rodin in his recent work, "Les Plantes Médicinales et Usuelles de nos Champs, Jardins, et Forêts," many indigenous plants would acquire an exalted value in the eyes of physicians and their patients if they grew on the mountains of the Cordilleras or in the woods of Australia. Dr. Rodin's book (Paris, 1873) is a solid as well as an entertaining one, and ought to lead to a wholesome reaction in favour of the plants of one's native land in their application not only to cuisine, but to the cure of diseases.

Dr. Henry Bennet (Mentone) is thanked.

Medical Farmer.—Williams's Principles and Practice of Veterinary Surgery.

ON THE USES OF THE HYDRATE OF CHLORAL IN THE FORM OF ENEMATA.

To the Editor of THE LANCET.

SIR,—I beg to enclose for insertion in your journal a brief mention of the following cases.

The first instance refers to a case of puerperal convulsions which was attended by me at Halifax, Yorks, in 1871. The convulsive paroxysms became noticeable at the onset of labour, continued during the progress (only ceasing after the use of the enema), and returned after the effect of the drug had passed away. The usual remedies were exhausted in consultation, and the probable issue was regarded with deep concern. A six-ounce enema, containing twenty grains of chloral in water, caused the paroxysms to subside in about ten minutes. It became possible to apply the forceps, and delivery was safely effected. The sleep induced lasted for a few hours. When the patient awoke, the convulsions returned with unabated violence. A repetition of the dose gave six hours' sleep, followed by partial return to consciousness. Convalescence rapid.

The second instance was one of epileptoid convulsions, occurring in an anæmic girl, aged thirteen, resident in Berwick-street, Soho. She had been subject to fits for some years, and had been treated at various hospitals. A similar dose of chloral was here given, to relieve fits of four hours' duration, and the violent twitchings of the face with rigidity of the extremities ceased almost entirely in a few minutes, and wholly after a further dose of ten grains, which was administered within half an hour's interval. Some hours' sleep resulted, and she awoke to consciousness, with less evidence of exhaustion than usual. Waiting the appearance of the menses, chloral given occasionally by the mouth, and, in extremity (and by far most effectively), by the rectum, has enabled the girl to gain flesh, and feel tolerably secure.

I am confident that under hospital supervision the attacks might be wholly averted, the use of the drug by the bowel proving potent to a charm. I have used the drug similarly in post-partum cases, with the result of from six to eight hours' refreshing sleep, accompanied by gentle perspiration.

In the case of a lady of extremely weak circulation, suffering from irritability of stomach threatening exhaustion, a ten-grain dose per rectum gave refreshing sleep, without a bad symptom resulting, when the same dose by the mouth nearly caused syncope. Yours faithfully,

Brewer-street, W., April, 1873. FRED. W. AXHAM.

Vox Clamantis in Deserto, (Birmingham.)—Yes; popular physiology is much more frequently as well as much better taught in French schools than in our own. A favourable specimen of the kind of physiological text-book in use in the higher seminaries of France is M. G. le Bon's "Traité de Physiologie Humaine." It is clear in point of exposition, and, while thoroughly practical in its references to private, domestic, and public hygiene, it is quite abreast of the latest science on the subject.

Dr. Horatio Storrer's (Mentone) paper will be inserted next week.

THE COEXISTENCE OF CARBUNCLE AND GOUT.

To the Editor of THE LANCET.

SIR,—One of your correspondents, Dr. Ellery, in an interesting letter published in your last number, inquires whether any member of the profession had ever noticed a connexion between gout and carbuncle. In reply I would beg to refer him to an essay on Hereditary Disease which I published in 1859. In reference to the correlation of force in disease I stated (page 8): "For many years I have been struck with the frequency of the occurrence of carbuncle in individuals of a gouty diathesis.....The worst case of carbuncle I ever met with was that of an individual who had suffered from repeated attacks of podagra. The usual symptoms of gout had, however, been for some time in abeyance before the commencement of his fatal illness; and the carbuncular disease of which he died was evidently the vicarious action of the same subtle morbific force as that which had previously caused his sufferings from gout." Your obedient servant,

Harley-street, April 28th, 1873. J. M. WINN, M.D.

A.—It is not the custom in London. We cannot answer for the country. But we see great objections to admitting the power of overseers to give medical orders to other than the medical officers of the parish. If the clerk to the Board of Guardians is right, why did his Board not honour the order by paying the fee?

Mr. Pocklington.—We fear it is unsuitable for our pages.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—In reference to a reply given to Mr. Dalrymple, it may be inferred Mr. Cardwell does not contemplate giving any compensation to militia surgeons on the loss of emoluments about to be taken from them by the establishment of depôt centres. As our commissions have hitherto been life appointments, we are surely justified in asking for a consideration of our claims. It has always been given to public servants on abolition of emoluments. May I, therefore, suggest through your columns that militia surgeons should immediately take action to obtain a fair recognition of our rights. Mr. Borlase Childs, Surgeon of the City of London Militia, was formerly an active member of the Militia Surgeons' Association (now defunct). If he would again lend his co-operation by convening a meeting of militia surgeons in London, great good might result.

I am, Sir, yours obediently,

April 30th, 1873. A MILITIA SURGEON.

A Medical Officer of Health.—Allowance for increase of population is usually made by assuming that the rate of increase between the two last censuses rules until the next census is taken. Thus, if the population of a given locality increased at the rate of 2 per cent. per annum between 1861 and 1871, the rate of mortality say for 1872 would be calculated on a population increased by 2 per cent., and so on for subsequent years. Of course there may be exceptional circumstances to which this rule would not apply; but for all ordinary cases it holds good.

INFANT MORTALITY IN FRANCE.

To the Editor of THE LANCET.

SIR,—It is exceedingly interesting to review the statistical account of the population of France, as revealed in the last quinquennial census of 1872, by which it appears that the total of the inhabitants was 36,102,224; whilst five years previously (1866) it amounted to 38,067,094, or nearly two millions more; of these probably nearly one million were lost by the war of 1871.

It has been shown again and again that the principal obstacle to the increase of the population of France is the great mortality of infants, and especially of those put out to nurse. In a long and exhaustive discussion on this subject at the Academy of Medicine, it has been conclusively shown that of the infants sent from Paris to be wet-nursed, more than 51 per cent. die; whilst of the children born in the locality to which the little strangers are sent, the mortality is under 20 per cent. Indeed this is a favourable view of the case; for in Normandy and in the north of France the mortality rises as high as 90 per cent.! which is nothing short of systematic infanticide. There can be no doubt that this great mortality arises, first, from the want of the unceasing care which is the first instinct of a mother towards her offspring; and secondly, from the ill-health which sooner or later supervenes in those who devote themselves to this special occupation. Dr. Brocard relates the case of a woman who brought up five children of her own, and during that time "nourished" (suckled) *twenty-three* as a matter of business; and the result was that some of them became feeble from the want of proper nourishment, and two died of consumption from the same cause, though the parents on both sides were exempt from that disease. In a moral point of view the result is worse. In certain departments of France it appears that "fille-mères" make it a matter of business to become wet-nurses, and this is confirmed by the number of infanticides in that locality. In the admirable work of M. Magnitot, late Préfet of Nièvre, will be found a full account of this deplorable system and its terrible consequences. Yet we must not attribute the decay of France to this system alone, although it prevails to such a great extent. There are other causes, concerning which medical men have all agreed; and specially two, intemperance, moral and physical, or, in plain English, drunkenness and debauchery of the parents. It is folly to imagine that the Parisians are the temperate people they were thirty years ago. The consumption of spirits has increased threefold since that time, and suicides and accidents from intemperance have increased in similar proportion. Indeed almost all the crimes of the Commune were committed under the influence of alcohol.

I am, Sir, your obedient servant,

Paris, April, 1873. J. B. BUDGETT, M.D.

Mr. John Nunn.—Thanks for the communication. Many other particulars, however, and those of a professional character, would be requisite to make the case suitable for our columns. For the instruction of our readers we may say that Mr. Nunn describes his visit to Mrs. Frewen's daughter—a case of so-called trance, to be seen at Turville, Oxon, about six miles from Henley.

ATROPINE AS A MEANS OF DIAGNOSING BETWEEN LIFE AND DEATH.

To the Editor of THE LANCET.

SIR,—Some years ago the Marquis D'Ourche offered a prize of some hundreds of francs (I forget the exact amount) to anyone who would or could devise a sure method of diagnosing death from life. In your issue of Feb. 8th you have a leading article on the subject, in which many means are proposed to attain the end. Allow me to add to the list another. When the proposal of the Marquis D'Ourche appeared in THE LANCET, atropine occurred to my mind as a likely test; but it was not for some years that I had an opportunity of submitting my ideas to the proof. Three deaths occurred in a hospital where I was serving, and I used a solution of two grains to the drachm; but in none of the experiments was there the slightest change in the pupil. Only one eye was operated on, of course, in order that a comparison could be had with the other. The staff surgeon of the hospital saw the cases at the time, and was satisfied with the result. I may mention that the cases were, one of aneurism of arch of aorta, one of phthisis, and one of cirrhosis. I believe, therefore, although my cases are few, that atropine is *the* test by which to distinguish life from death. If used to a person asleep, the pupils would dilate; and if used to a person in a trance, surely the result would be the same; but if used to a person who has been dead, we shall say six hours, no such phenomenon will be observed.

I do not know whether the Marquis D'Ourche still lives; but if this meets his eye it may interest him.—Your obedient servant,

H.M.S. *Aurora*, Tobago, April, 1873. THOMAS WARDEN, M.D., R.N.

COMMUNICATIONS from the following gentlemen shall be noticed next week: Dr. Vallance; Dr. Saunders; Mr. Hunt; Mr. Horder; Mr. Hedges; A St. Thomas's Man.

Medicus in Rure should consult a professional brother in his own neighbourhood.

SPECIMENS OF ASCARIS LUMBRICOIDES.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me through your columns to make a request for specimens of Ascaris lumbricoides from man, or A. megalocephala from the horse. I should feel greatly indebted to any practitioner who would be so kind as to forward to me at Exeter College, Oxford, large specimens of either of these worms—some *perfectly fresh* if possible, others placed in *absolute* alcohol at the time of removal from the intestines. I require the specimens for anatomical investigation, and I can only obtain them through the kindness of those who may meet with them in practice. Some twenty specimens would be sufficient, but more would be useful.

I am, Sir, yours truly,

E. RAY LANKESTER, M.A.,

April 28th, 1873. Fellow of Exeter College, Oxford.

Surgeon-Major, (Curragh Camp.)—It would surely be better to defer all action in the matter until Mr. Cardwell has had the opportunity of replying in the House of Commons to some questions which will, in all probability, be put to him.

A Country Surgeon, (Pitlochry, N.B.)—We had no intention whatever of taking up the subject in a hostile spirit; but we thought that the criticism would come with more force if the name of the writer were attached.

STUDENTS AND THE MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—Your correspondent, "A Bart's Man," is certainly right when he states that the fee of £5 paid for registration is most unpopular. To many students it is far from a light matter to have to pay so large a fee at a time when they have just paid heavy fees for their diplomas, degrees, &c., and also when to many every pound is an object to enable them to settle down in practice. Were there any practical advantage to be gained, the money would be less begrudged; but it is undoubtedly the general opinion that the Medical Council does as little work as it is possible for it to do, and gets a great deal of money for doing that little. Then, again, there is a further grievance which your previous correspondents have not mentioned. I allude to the fee required for additional registration. Surely the fee of £5 is already more than sufficient without our being mulcted if we obtain any fresh diploma. From a letter just received from the Medical Council, I find that the fee is for each additional *qualification*, and not for each additional *registration*. Thus I have already registered two qualifications, and find that to register two others I should have to pay *two* extra fees (10s.), even if I register both at the same time. Surely this is a gross injustice to many who are obliged to register as soon as they obtain a qualification, and yet desire to have any further diplomas registered. During the past year no less than 397 additional fees were received by the Medical Council.

If the Medical Council still continue to spend so much of their large income (which was nearly £9000 for 1872) upon themselves, and so little for the benefit of the profession, the time must come when the demand for the reform of the Council will be irresistible, and the profession will ask that at least there should be some slight return for their heavy taxation by the Medical Council.

I am, Sir, yours truly,

London, April 28th, 1873. LEONARD CANE, M.B. & B.S. Lond., &c.

ERRATUM.—In our announcement last week (page 615) of the placing of a member of our profession on the Commission of the Peace, the name was incorrectly printed. It should have been, not "Henry Barnett Gee," but Henry Barnett, Esq., M.R.C.S., &c.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. R. Barnes, London; Dr. Meadows, London; Dr. Aveling, London; Dr. H. Bennet, Mentone; Mr. White, Battaekulish; Mr. Currie; Mr. Grove, Sydenham; Dr. Vallance, London; Mr. Southey, London; Mr. F. T. Coates, London; Dr. Storer, Mentone; Mr. Campbell, Bow; Mr. R. S. Den, Los Angeles; Mr. Hankey, Northfleet; Mr. Bellamy, London; Mr. Hulbutt, Sheffield; Dr. Slog, Ontario; Mr. Robeson, Bristol; Mr. Lucas, Derby; Mr. Broad, Colchester; Mr. Thomas, Alcester; Mr. Smith, Bridgnorth; Mr. Horder, Kenthead; Dr. Saunders, Kingston, U.S.; Mr. Robinson; Mr. Harrison, Walsall; Mr. Percival, Knottingley; Mr. Hedges, Leighton Buzzard; Mr. Ryley, Lyme Regis; Mr. Clements, London; Mr. Williams, Liverpool; Mr. Forbes, London; Mr. Cleland, Edinburgh; Mr. Cork, St. Neot's; Mr. Kesteven, Hendon; Mr. Benley; Mr. Empson, Dublin; Mr. Nixie, Tewkesbury; Mr. Wright, Birmingham; Mr. Davies, Cymer; Mr. Smith, Carlisle; Mr. Davison, Leek; Mr. Spence, Windsor; Mr. Hames, Lynton; Mr. Wright, Newport; Mr. Burgoyne, London; Mr. R. Cripps, Wansford; Dr. Winn, London; Mr. Brazier, Aberdeen; Mr. W. Hoskings, Prescot; Mr. Lake, Nottingham; Dr. Burdon, Dover; Mr. Roberts, Southampton; Mr. Boyce, Wakefield; Mr. J. Atkins, Frome; Mr. Gosford, St. Ives; Dr. Davidson, Chester; Mr. Owen, Whitchurch; Mr. Newton, Waterford; Mr. Marks, Dublin; Mr. Cooke, Stoke Newington; Mr. Halton, Coleford; Mr. Nash, Lancaster; Mr. Bourne, Kew; Mr. Harris, Bangor; Mr. Cortis, Edinburgh; Mr. Parker, London; Mr. O'Hara, Belfast; Mr. Coleman, Carlisle; Mr. Foster, Falmouth, Jamaica; Mr. Cave, London; Mr. Marsh, Buxton; Mr. Brown, Cardiff; Mr. Huggins, Leith; Mr. Evans, Hungerford; Mr. Brereton, Pontwilyn; Mr. Barrows, Charlton; Mr. W. Bourner, Newport; Mr. Roberts, Swindon; Mr. Stanfield, Rotherham; Mr. Young, Woodford; Mr. Morris, Derby; Mr. Manus, Epsom; Mr. Jones, Towyn; Mr. Brereton, Fordingbridge; Mr. Graham, Mold; Dr. M'Intyre, Peterfield; Mr. M'Donald, Bishops Wilton; Dr. Jones, Dublin; Mr. W. Crerar, Rochford; Mr. H. Pocklington, Hull; Mr. Lupton, Wolverhampton; Mr. Walton, Canterbury; Mr. Carleton, Belfast; Mr. Nicolson, London; Mr. Wallace, Gorey; Mr. Cheesewright, Rotherham; Mr. Carter, Worthing; Mr. Harris, Montserrat; Mr Shelley, Forest Hill; Mr. Nelson, Portsmouth; Mr. Reeves, London; Mr. Hunt, London; Mr. Edmonds; Mr. Harrison, London; Dr. Saunders, Exeter; Mr. Deakin, London; Mr. Porter, Wallingford; Mr. Stevenson, London; Mr. Melton, Oakham; Dr. Lankester; Mr. Cooke, Hallaton; Mr. Walford, Stoke; Mr. Autey, Weston Zoyland; Mr. Terry, Northampton; Mr. Williams, Stoke; Mr. R. Samuel, Llanelly; Mr. Nunn, London; Mr. Boyce, Newtown; Mr. Lawson, Erith; Mr. May, Aston; Mr. Humfrey, Liverpool; Mr. Burton, Cork; Mr. Wade, Holywell; Mr. Hibbitt, Hendon; Mr. Purton, Watford; Mr. R. Morse, Worcester; Mr. Hardy, London; Mr. Warren, Stamford; Mr. Catterus, Foot's Cray; Mr. Mickley, Stotfold; The Secretary of the Ventnor Hospital; Nemo; Vaccinator; An Eye-Witness; A Militia Surgeon; M.D.; Medical Farmer; A Provincial Practitioner; W. A. S.; G. H. B.; Alpha; Tyro; A Friend; Lente sed Forte; Anti-Humbug; &c. &c.

Philadelphia Medical Times, Dudley Herald, Stockholder, Aberdeen Daily Free Press, Medical Archives (St. Louis), *Thanet Guardian, Derbyshire Advertiser, Charleston Medical Journal*, and *Peterborough Advertiser* have been received.